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ABSTRACT

The 10 contributed papers are intended to clarify the major issues of sex education and deafness and offer realistic responses to the expressed needs of professionals serving the deaf. Papers have the following titles and authors: "Sex Education from the Deaf Perspective" (Robert Davila); "Sexuality and Deafness: An Overview" (Max Fitz-Gerald and Della Fitz-Gerald); "Deaf Culture and Communication: Their Influence on Sexuality" (Luther Robinson); "Human Sexuality in the Deaf World: A Counseling Perspective" (Jeff Lewis and Nancy Lewis); "On the Spot: Teaching and Counseling in a School for the Deaf" (Della and Max Fitz-Gerald); "Designing a Sex Education Program for Your School" (Max and Della Fitz-Gerald); "Sex Education Programming: The Pennsylvania Experience" (Catherine Rhoten and Donald Rhoten); "Growing Up in a Residential School: Developmental Needs and School Policies" (Richard Lytle); "Information on Sexuality: Where Does It Come From" (Max and Della Fitz-Gerald); and "Training for Parents: What Do They Need?" (Della and Max Fitz-Gerald and David Updegraff). (DB)

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VIEWPOINTS:

SEX EDUCATION and DEAFNESS

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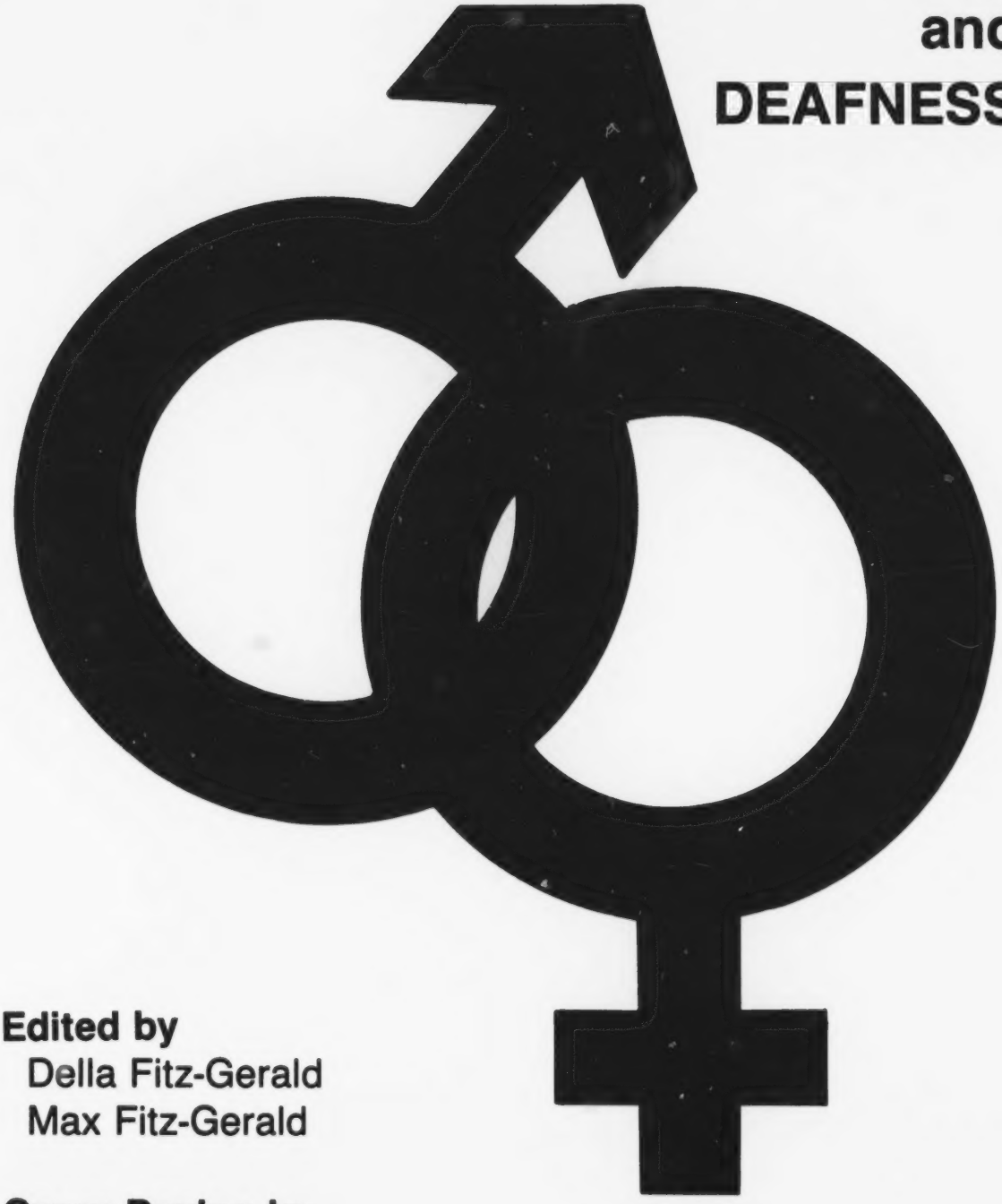

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—*Della Fitz-Gerald*
—*Max Fitz-Gerald*

Foreword

Sexuality is more than behavior: it is identity. Human sexuality is reflected in the way people dress, talk, walk, and conduct themselves as male and female. It is expressed in the feelings, attitudes, beliefs, and values people adopt toward themselves and others. It is also a process of development that is still something of a mystery even in today's sexually aware, research oriented world. Even less is understood about the sexual development of deaf people.

The field of sex education and deafness is a melange of good intentions and varying opinions, currently guided by a widespread conviction that something must be done. The need is for empirical appreciation and understanding of the development and expression of sexuality among hearing impaired adolescents and young adults, then responsible action to meet needs and solve problems.

This collection of articles, written by a variety of authors, represents years of study and experience in programs for the deaf. It is intended to clarify some of the major issues of sex education and deafness, and to offer realistic responses to the expressed needs of professionals in that field.

Elizabeth Carsfield, a prominent sex educator, once described human sexuality as a journey that everyone must take. That journey begins at birth and ends only at death, and it involves an ongoing process of evaluation and decision-making. The cumulative experience and careful thought gathered in this book will help all who are interested in the sexual development of young deaf people. It is our hope that the insight, intelligence, and sensitivity reflected here can help make their lifetime journey through sexuality a little easier and more rewarding.

—*Max and Della Fitz-Gerald*

About the Authors

Robert R. Davila, Vice President for Pre-College Programs, Gallaudet College.

Since 1953, Dr. Davila has served in progressively more responsible positions in the field of education of the deaf. He began his career as an English, social studies, and math teacher at the elementary and high school levels, and later entered college service in teacher education. His 30 years of experience culminate in his current position as chief administrator for the Model Secondary School for the Deaf and Kendall Demonstration Elementary School at Gallaudet College, two federally-funded programs that serve some 600 students. Those schools are also a national resource in education of the deaf, developing, evaluating, and disseminating materials and techniques for use in schools and programs throughout the United States and Canada.

Della Reaves Fitz-Gerald, Project Director for the Office of Adolescent Pregnancy Programs, US Department of Health and Human Services.

Della Fitz-Gerald is a sex educator, therapist, researcher, and author in human sexuality and deafness. As a team, she and her husband, Max Fitz-Gerald, have lectured and conducted workshops throughout the United States, Canada, and England. Della Fitz-Gerald is currently involved in teacher training and parent education programming. Her principal areas of expertise are sexuality and deafness, sex education program development and implementation, parent sex education programming, professional in-service training, and sex counseling and therapy.

Max Fitz-Gerald, Sex Education Specialist in the Pre-College Programs of Gallaudet College.

Max Fitz-Gerald is a sex educator, therapist, researcher, and author in sexuality and deafness. With Della Fitz-Gerald, his wife, he has lectured and presented workshops for students, parents, and professionals throughout the United States and parts of England and Canada. His areas of expertise include deaf adolescent sexuality, sex counseling and therapy, parent education, professional in-service training, and sex education program development and implementation.

Jeff Lewis is currently employed at Gallaudet College as Instructor in the Department of Counseling, a masters level graduate program. He also has a small consulting practice. Previously, he worked for three years as Staff Psychologist at the Counseling and Placement Center, Gallaudet College.

Jeff expects to receive his Ph.D. in Counseling Psychology from New York University upon completion of his dissertation, presently in progress. He attended Gallaudet College, majoring in Psychology, and graduated in 1976. Both Jeff's parents and his brother are deaf.

Nancy J. Lewis is presently working as instructor in the Department of Theatre Arts, Gallaudet College. She also teaches human communication courses at the School of Preparatory Studies at the Northwest Campus. Certified by the National Board for Certified Counselors, she has a small private practice in counseling.

Nancy received her Masters Degree in Counseling from New York University and completed an intensive one-year training program in Psychodrama at Saint Elizabeth's Hospital. She graduated from the California School for the Deaf, Riverside, and from Gallaudet College in 1978 with a degree in Psychology. Nancy is the only deaf member of her family.

Albert T. Pimentel, Ph.D. has been a national consumer leader for more than 20 years in the field of deafness. Professionally, Dr. Pimentel has been a teacher of the deaf, a psychologist in a school for the deaf, a professor at several colleges and universities in the United States and Canada. He is an innovator in public information programs for deaf people and the professionals involved with deafness. He was one of the first professionals to advocate better sex education programs for deaf children in residential schools.

Catherine L. Rhoten earned the B.A. degree at Flagler College, St. Augustine, FL, and the M.A. at the University of North Florida in Jackonville. She was a classroom teacher for 11 years, teaching grades 5 through 12, and for nine years she was a teacher of sex education. Recently, she served on the sex education advisory committee at the Pennsylvania School for the Deaf and on the team working to revise the sex education curriculum there. In June 1983, with her husband, Donald E. Rhoten, she presented a paper, "Sex Education: An Administrator/Teacher's Perspective," at the CAID convention in Winnipeg, Canada.

Donald E. Rhoten graduated from Baltimore University with the B.A., from Western Maryland College with the M.Ed., and from California State University at Northridge with the M.A. He taught at the Florida School for the Deaf for five years, serving as supervising teacher for one additional year.

As an administrator, he headed the Colorado School for the Deaf for two years and has been assistant headmaster of the Pennsylvania School for the Deaf for the last four years. In that capacity, he chaired the Sex Education Advisory Committee at PSD, working intensively to design, implement, and evaluate an exemplary curriculum in sex education for hearing impaired students.

Luther D. Robinson, M.D. Dr. Robinson earned his Bachelor of Science degree from Virginia State College and the M.D. from Meharry Medical College. He has also done post-graduate work in hospital administration at George Washington University. He has served as superintendent of St. Elizabeth's Hospital in Washington, DC, and in other positions at that hospital. He is an associate professor in the department of Psychiatry at Howard University and also serves part time on the faculties of Gallaudet College, George Washington University, and Georgetown University School of Medicine.

His work with deaf populations includes establishment of mental health programs for deaf patients at St. Elizabeth's Hospital, pioneer work in group psychotherapy using sign language, and setting up an internship in mental health and deafness at St. Elizabeth's. Many of his publications also deal with the mental health aspects of deafness. Among his many honors are commendations from every leading organization for deaf citizens, and an honorary doctor of science degree from Gallaudet.

Richard Risser Lytle served for seven years as the dean of students at the Model Secondary School for the Deaf in Washington, DC. He has also taught at the school, and is currently serving as a school counselor while completing work on his doctoral degree in human development at the University of Maryland. He has presented numerous workshops and lectures on the subject of the social and emotional development of deaf adolescents, and his dissertation will deal with aspects of that topic.

He is married to Linda Risser Lytle, who is deaf and works as a psychologist at Gallaudet College. They are parents of Nerissa and expect a second child in 1985.

David R. Updegraff holds the Bachelor of Arts in English Literature from Bethany College, Bethany, WV.; the Master of Social Work from the University of Michigan, Ann Arbor, and the Doctor of Philosophy from the American University, Washington, DC. His professional career includes two years of teaching English as a second language with the Peace Corps in Thailand, six years at the Kendall Demonstration Elementary School as director of social work, and assistant director of the Wallace Village for Children, Broomfield, CO. For the past nine years he has held administrative positions with the Model Secondary School for the Deaf and the Pre-College Programs Division of Gallaudet College.

Introduction

Viewpoints: Sex Education and Deafness is a timely and important work. The need for accurate information and appropriate education in the area of human sexuality has always existed, but has seldom been adequately met in most programs for deaf children. Regrettably, the omission of sex education from school curricula is often due to excessive caution, particularly in residential schools for deaf children. Educators hesitate to assume responsibility in this vital area of human experience.

Some school administrators have suggested that responsibility for teaching about human sexuality belongs entirely with the family. Others complain that there is little public support for inclusion of sex education in school curricula. Fortunately, today most school administrators understand that this vital need exists and that it can best be met in the schools.

As for parental support, most families are anxious to see their children properly and adequately taught in this subject area, acquiring the information they need at appropriate age levels. Information on sexuality is subtle and sensitive, and few parents feel comfortable trying to communicate it openly and clearly to their children. The obvious reason why so many deaf children are barred from the usual sources of information in this sensitive area is the problem of communication, both oral and signed, between them and their parents. Those same communication problems also make it exceedingly difficult for parents to gauge accurately the extent to which their children understand the information they are trying to convey. Small wonder that there is now widespread consensus that schools should meet the need for sex education, since they are technically and professionally equipped to do so.

Accordingly, this book will be helpful both for professionals in deafness and for parents of deaf children. It answers clearly the questions pertaining to why special sex education programs are so necessary, and offers effective and practical approaches to teaching the subject matter and providing behavioral guidance.

Human sexuality is not an area in which learning can be postponed. Current societal mores and the increasing visual emphasis on the human body in advertising, television programming, and movies, are specific problems for young deaf people, who receive only the visual messages. This limited understanding is not only inconvenient and misleading; it can be dangerous, encouraging viewers to conclude that certain sexual behaviors are legal and acceptable. Incomplete information causes incorrect impressions and confusion in many deaf youngsters in a range of subject areas. In the area of sexuality, the problem takes on added importance.

Lack of reliable sexual information, therefore, is a basic injustice suffered by deaf young people. Behavioral errors are frequently compounded by adults who remark that the teenager involved "should have known better." The fact is that deaf students can only "know better" if educators create opportunities for the formal assimilation of accurate knowledge and development of mature attitudes.

The experience, insights, and counsel offered in this collection can be important tools in helping deaf children benefit in an area where they have for too long been at a serious disadvantage.

—*Al Pimentel*

Sex Education from the Deaf Perspective

If it is agreed that sex education for the general school population has been shamefully neglected, then neglect of the hearing-impaired and other disabled children in this area borders on dereliction of duty on the part of educators and parents alike.

Traditionally, education of the hearing-impaired has been centered in residential schools. The primary purpose of residential school placement is not to isolate children from their families and communities, but rather to provide intensive high-quality educational programming that is not always possible in local school systems. Residential school placement requires administrators to accept responsibility for comprehensive programs of instruction and care that go far beyond the normal requirements of an ordinary public day school. Assuming surrogate responsibility for the educational, spiritual, social, and emotional development of young people is a tremendous undertaking. Schools are to be commended for trying to be all things to all children. I cannot say, however, that it has always been possible for them to fulfill that expectation.

Going Underground

I remember that when I was a young boy a film called *Mom and Dad* was appearing around the country. It was one of the first sex education films to make a big impact on the general public. I recall being told by the dormitory counselor in my residential school that under no circumstances would we be permitted to see that film! Needless to say, a few students defied that regulation, saw the film and were reprimanded.

So much for sex education! Of course, like most kids, we managed to pick up everything we needed to know in the locker room anyway.

I am happy to report that there has been some improvement over the years. Residential schools are not monastic institutions, as they are sometimes pictured. It is still clear that the general public needs much information and orientation to the special needs of the disabled in the areas of sexuality and sex education. But we are witnessing a developing realization that the desires and needs of disabled people are no different than those of anyone else.

A Community Obligation

To my way of thinking, sex education is a community-wide trust, not the responsibility of any single group or agency. By this I mean that the home, the school, and the community share responsibility for helping young people develop healthy, socially acceptable attitudes and codes of conduct in matters related to sexuality. The problem cannot be turned over to parish priests or ministers. Nor can anyone expect that classroom teachers, who may or may not be qualified to treat the subject adequately, will carry the entire responsibility. Needless to say, parents cannot be much help if they do not feel comfortable talking about sex, or if they lack the very information they are trying to give their children.

In contemporary society, young people are continuously bombarded through the mass media with sexual messages that border on the ridiculous. Half dressed, attractive models, for example, are employed to advertise products that often get lost in the sexual implications of the message. Overheated commercials imply that wearing a certain brand of blue jeans, or using a particular kind of toothpaste, can make fascinating changes in one's life. Actually, in such commercials, the real message is sex! The jeans are incidental; "sexiness" is the product. And what is the effect of this media emphasis on sex, for hearing impaired youngsters who cannot hear the whispered information, but who can see the suggestive physical overtures in the messages?

Hearing impairment is one of the most severe of all disabilities because it strikes at a basic human function—communication. Too often we hear the statement that people who don't communicate well are "out of it." Let us not underestimate the truth behind that saying. In striving to understand, therefore, hearing impaired people attach great meaning to visual messages. Not surprisingly, deaf youngsters often draw literal interpretations of what they see. The sexy model with the suggestive look wants only one thing. As for the toothpaste, the deaf youngster most certainly didn't hear the message.

Simple Needs, Complicated Problems

Hearing impaired people have needs in the area

of sexuality and sex education that are similar to those of the general public, but they may need special help to understand the messages that are being communicated. One thing that would permit disabled people to live full, rich, and rewarding lives is a concerted effort on the part of educational publishers and curriculum designers to consider their needs when designing, developing, and publishing materials for sex education. There is a strong need for more materials that are largely self-explanatory and not too heavily verbal for students with language difficulties.

Even when it is not feasible or necessary to create special materials, modifications or adaptations of existing products could be very helpful: for example, audiotapes and large-type or Braille materials for the visually impaired, and highly visual captioned messages for the hearing impaired. Recent studies show that minority children identify with characters on television who represent their own ethnic groups. Such modeling helps children develop a positive self image. The same is true for disabled children.

I began by saying that I do not see sex education as the special responsibility of any one group. It is true, however, that professionals in special education must go far beyond the ordinary responsibilities of general educators in providing for the present and future needs of disabled youngsters. Schools and programs for the hearing impaired have been assuming such extra responsibilities for many years. Many of my hearing impaired contemporaries and myself received all of our religious education in publicly supported, nondenominational schools for the deaf. We had to learn many things in school that would normally have been the responsibility of our parents.

Current public laws and attitudes mandate services and programs designed to prepare disabled youngsters for independent adult life. Sex education is one of the important areas in which this preparation and development must take place. Educators and parents can bring pressure on local, state, and federal agencies to develop or implement good programs in sex education. Counseling must be made available through schools and rehabilitation agencies, to help disabled citizens cope with sex-related problems and concerns. Perhaps never again will there be a more opportune time to achieve these ends. We must be sure that we do not lose an opportunity to help these young people grow into caring, responsible adults.
—Robert R. Davila, Ph.D.

Sexuality and Deafness: An Overview

Hearing impairments constitute the single most prevalent chronic disability in the United States. The 1974 national census of the deaf population identified approximately 13.4 million persons with hearing losses; of that number, 1.8 million were classified as deaf. Despite these numbers, it is only within the past few years that substantial efforts have been made to understand the potential implications of human sexuality for deaf people. Hearing impairment ranges from mild to profound, with aetiology stemming from a variety of sources. Profound deafness represents the extreme end of this continuum, since it implies that hearing is not sufficient for speech to be developed or understood, whereas being hard of hearing implies that residual hearing is "sufficient to enable successful processing of linguistic information through audition."

Deafness may be further divided into congenital deafness and adventitious or acquired deafness. Adventitious deafness is further divided into prelingual and postlingual deafness. The implications of deafness are much more severe for congenitally and prelingually deaf people, since the development of speech, language, and verbal abstractions represents a continuous struggle for these individuals.

Facility of speech and language are acquired effortlessly through the process of hearing. While hearing children use language to understand and manipulate their environment, deaf children are deprived of that essential tool by the very nature of their disability. This deprivation is poignantly illustrated by the fact that, although the IQs of deaf persons do not vary appreciably from those of their hearing peers, approximately half of the hearing impaired students aged 18 or below in the US read at less than a mid-fourth-grade level, and only 10 percent of hearing impaired 18-year-olds read above the eighth-grade level. While reading levels are no index of intelligence, they strongly indicate comprehension of written language. The lack of understanding of both written and verbal communications thus becomes a formidable barrier for the deaf.

Adapted with permission, *British Journal of Sexual Medicine*, September 1980.

A Deaf Child in the Family

Current statistics indicate that 91.7 percent of American deaf children are born to parents of normal hearing. As a rule, these parents have little awareness or understanding of deafness since few have had previous contact with deaf people. Few parents learn how to communicate with their deaf children through sign language, which is the way most deaf Americans communicate. One result of the parent's failure to learn sign language is to force the child to depend on lipreading as the primary means of communication.

The expectation that deaf children should learn to read lips is based on the pervasive myth that slow, distinct speech is easy for deaf children to comprehend. But in fact, the best lipreaders are hearing people, with facility in speech and language simply because they can hear. The difficulties of lipreading reflect the truth that 40 to 60 percent of English speech sounds are homophonous; that is, they look alike on the lips. Compounding that ambiguity are such factors as poor lighting, distance, objects in the mouth, mustaches, poor speech habits, head movements, and the endless variations of individual mouth movement.

Parents often accept at face value the brief that deaf individuals are "natural" lipreaders, and expect verbal exchange to be the primary mode of communication in the home. The best lipreaders understand only approximately 40 percent of spoken communication; average lipreaders understand even less. It is not surprising, then, that parents and deaf children often feel isolated from one another because of ineffective communication.

In addition to communication barriers, many parents of deaf children feel guilty about having produced less than perfect offspring. Such parents, like those of children with other disabilities, may experience family, marital, and sexual problems as a result of these guilt feelings. That fact was poignantly illustrated for the authors once while they were leading a group discussion on sex education with parents of deaf and deaf-blind children. After approximately two hours of general conversation about the parents' role in providing sexuality instruction, the discussion became more

personal. A number of people in the group admitted to loss of interest in sex following the awareness that their child was disabled. Some of the women reported that they lost the ability to be orgasmic, and several men indicated that they had suddenly faced problems of impotence. Still others reported marital problems following the disabled child's birth, some of which led to separation or divorce.

Few parents of deaf children are warned about these possible complications. Often the inability to communicate easily with the deaf child and feelings of guilt and confusion can be prevented or modified through parent education. Trained professionals can help parents deal with child-related family, marital, and sexual problems, but unfortunately few such professionals exist. Mental health services and programs in human sexuality for parents of deaf children present a major challenge and responsibility to the field.

Learning About Sexuality

Learning about human sexuality, what it means to be male or female, occurs both informally and formally in society. The learning process is accomplished through talking, reading, and observation, through personal experience, and by listening to others. Each of these avenues of learning can be blocked by the disability of deafness.

The potential capability to talk about or listen to sexual information is impeded in varying degrees for deaf individuals. Depending upon the degree of hearing loss, the acquisition of sexual information through personal communication and from radio, television, and films becomes minimal or nonexistent. The alternative of learning about sexuality from books and periodicals hinges on the reading skills of the deaf person. With the potential limitations placed upon reading, listening, and talking with others, deaf people are left with only two primary sources of sex information: watching others and direct experience.

• *Observing Others:* The dependency of deaf people upon observation as a primary means of learning has long been recognized. The effects of visual input without the benefit of auditory interpretation are more ambiguous. Research involving 75 deaf adults in the Washington (DC) area in 1977 disclosed that the group considered films and television significant sources of sex information. The number of hours spent watching films and television, and the content of the programs viewed, were not explored in this study. However, a recent study of deaf and hearing youth in Chicago (IL) area found that the deaf adolescents spent twice as many hours per week watching television as did their hearing peers. From the author's experience, television and film viewing are very popular spare-time activities for many deaf Americans.

It appears that incomplete and confused sexual messages are received by deaf people who watch films or television without benefit of sound. This reality became evident for one of the authors several years ago. A hearing impaired boy of approximately 11 or 12 years of age entered the classroom and began to share a small package of breath freshener mints with several girls in the class. As the interaction between the students continued, it soon became obvious that he was anticipating kisses in return for the mints. It was a natural assumption on his part since that is the exact non-verbal message of the particular television commercial. Because of his deafness, he missed the verbal promise of fresher breath and made the only logical assumption available to him.

The authors have also observed that deaf Americans often develop stereotypical sex role behaviors, perhaps partially as a result of imitating behaviors learned from the popular media. The dynamics of visual learning remain a mystery; it is one of the many areas yet to be empirically researched.

There is even less information about the effect on deaf children of observing parents' everyday interactions without the benefit of sound. James L. Ramey, in his book *Intimate Friendships* states that individual gender identity—the way people think of themselves as male or female—depends upon what each individual sees and hears. If this theory is valid, an enormous amount of work is needed to understand the potential effect of deafness on gender identification.

• *Personal Experience:* The sexuality of deaf people is well established; deaf people often acquire a reputation for being oversexed. Some authorities attempt to ignore the issue altogether, implying that deaf people are asexual. Such attitudes are further reflected in the fact that there have been very few attempts to study the sexual

behavior of deaf people. Steve Grossman, in 1972, conducted one of the few studies that has attempted to compare sexual knowledge, attitudes, and behaviors of American deaf and hearing college students. His findings indicated that the deaf students had less sexual knowledge, were generally more accepting of sexual myths, and engaged in more sexual activity than their hearing peers.

The author's experience in sex education and counseling with deaf supports the Grossman study. We have observed that few deaf persons have an opportunity to attend formal sex education classes. Most sexual knowledge, therefore, is gained from direct personal experiences and from information supplied by deaf peers.

• *Learning from Peers:* As far back as 1963, a New York State study by Rainer, et. al., found that 53 percent of the deaf adults interviewed depended upon friends as sources of sex information. Our 1977 study, comparing 75 hearing and 75 deaf adults, indicated that peers were a much more significant source of information for the deaf group. It is interesting to note that for both groups in our sample, parents, teachers, and other adult models were considered minimal sources of sex information. These findings pose important questions about the quality of peer education and the significance of peers as the primary source of sex information.

Sex Education in Schools

The first efforts in America to make professionals and parents aware of the need for sex education were attempted in the early 1940s when Stanford Blish published a series of articles on the sex education of deaf children. Responses to these articles were mixed. By the late 1950s, however, various schools for the deaf had begun to include sex information in courses on health and hygiene. In 1966, a survey indicated that 50 per cent of the larger American residential schools for the deaf had classes on family life and sex education. By 1972, a similar survey of all American schools for the deaf showed that 70 percent of the schools responding to the survey provided sex education. Our experience as educators, counselors, and administrators in residential schools, however, raises questions about the high number of programs reported in the two studies.

In the Autumn of 1974, with assistance from the Offices of Public Services and the Demographic Studies at Gallaudet College, the authors developed and distributed a 24-item survey to the 112 public and private residential facilities for the deaf in the United States. Of the 96 percent that returned the survey, 66 per cent indicated a formal program in sex education. In an attempt to validate this percentage, the schools were asked the number of hours per year that were devoted to the formal teaching of sex education. Responses varied from as high as 720 hours to as low as one hour per year. The 720 hour response is questionable, since a child generally spends a maximum of 720 hours per year in school. Based upon this response and additional written comments the authors suggest that much of the programming in sex education for deaf youth is short-term and crisis-oriented in nature. Neither of these approaches can be viewed as a comprehensive sex education program.

The survey also showed that in 70 percent of the schools, classroom teachers were responsible for providing sex instruction to deaf students. As trained and certified sex educators and counselors, the authors were concerned with how teachers could responsibly assume this teaching obligation without appropriate training. Our own formal training as educators and counselors of the deaf was totally devoid of training in sexuality.

A telephone survey of the 71 teacher-training programs revealed that only one program for educators of the deaf provided a specific course designed to enhance teacher's expertise in this area. The quality of sex instruction in residential schools is questionable at best, since few teachers of the deaf have been trained for the job. To date, sex education is the only subject offered in US schools that does not require specific teacher certification.

The Residential School Experience

Historically, American deaf children are often isolated from family and community by placement in residential facilities for education. Those residential schools were usually built in remote and isolated parts of America. The effects and implications of such isolation have not been studied from an empirical viewpoint. We can, however, explore some of the potential problems that may accompany isolation from family and society.

There is often a high ratio of students to dormitory counselors in American residential facili-

ties, making the quality of child care suspect. Just how much of the counselor/student relationship is duty and caretaking, as compared to love and caring, is not known, but it seems reasonable to assume that the former outweighs the latter, if only because of sheer numbers. This does not imply criticism of dormitory counselors, but it does reflect the unwillingness of society to commit time, money, and expertise to remedy the situation. Deaf children growing up in residential environments need high-quality social interaction with adult staff members, not additional personal isolation.

Again, the potential effect on children who lack close family contact is not understood. How can a child develop sexual values in harmony with those of the family, when interaction is limited by isolation from family models, by parental feelings of guilt and frustration, and by lack of effective communication?

A 1969 study by Rainer, et. al., concluded that sexual deliquency was more common among the deaf than the hearing population. His team found that sex offenders and prostitutes constitute the smallest number of arraignments in the general American criminal population. However, 37 percent of all arraignments of deaf Americans were for sex offenses, excluding prostitution. It is difficult to pinpoint the reasons for this difference, although Rainer, et. al., suggest that it may reflect general immaturity, a lack of sex and family-life education, and the influences of residential-school living. Research on the mental health of deaf youth by Schlesinger and Meadows indicates that one out of every eight American deaf students is severely disturbed, while only one out of every 42 hearing students is so disturbed. That is more than a five-to-one ratio.

Drawing again from the author's own experiences, it has been observed that in American residential schools, deaf children are not generally afforded the same social interactions as their hearing peers. There is often rigid sexual segregation, with close adult supervision when boys and girls are allowed to socialize. Even today, many deaf adolescents do not have the right to choose their own dates. School rules and policies in American residential settings tend to reflect the attitudes and concerns of the staff, rather than the needs of students. One policy of a progressive residential school for the deaf in 1970 read as follows:

> "Dating as such is not permitted. The school provides as many opportunities as possible for boys and girls to mix socially. These are necessarily group activities since there are a limited number of staff members to provide supervision, and supervision unfortunately (from the children's point of view) is necessary.
>
> "Aside from the very practical consideration of avoiding pregnancies and sexual misbehavior, supervision of boy-girl activities provides counselors with the opportunity to promote attitudes of respect and mutual consideration among the students."

Psychosexual Development and Deafness

Professional understanding of deafness from a psychosexual viewpoint is still sketchy and incomplete. Health care professionals continue to apply methodologies developed upon hearing norms, which may or may not be appropriate for the deaf. It is important to establish new methodologies based on empirical data, rather than on conjectures or hopes about what is true.

Only two major published works deal exclusively with the psycholsexual development, sexual behavior patterns, and sexual problems of the deaf in America. These are Myklebust's *The Psychology of Deafness* (1964) and a study titled *Family and Mental Health Problems in a Deaf Population* (1968) by Rainer, Altshuler, and Kallman. Myklebust's work offers the only formal postulates toward a theoretical understanding of the psychosexual implications of deafness. Rainer and his team deal with a single study of a sample drawn from the total deaf population of New York State. It is less concerned with establishing an adequate theory of deaf sexuality than with providing data on observable patterns of sexual behavior among school-age deaf people, and the implications of that data in future mental health programming for deaf Americans. Both studies reach similar conclusions:

- Isolation is perhaps the single most important factor in the emotional adjustment of deaf children.
- Deaf children appear to form less adequate social relations than hearing children.
- Psychosexually, deaf children are more immature and confused than hearing children,

perhaps because they do not receive the extra messages and innuendoes within spoken communication, which often carry important information about biases and prejudices. That lack can result in ignorance of the normal taboos related to sexuality.

- Finally, it appears that deafness interferes with normal childhood identification with the same-sex peers. This could conceivably interfere with gender role and identity development in deaf children, which may be related to development of sexual behavior patterns.

Sex Counseling and Therapy for the Deaf

Deaf Americans confront many of the same sexual frustrations and difficulties that plague their hearing peers, as well as problems that may be uniquely linked to deafness. Many of those sexual problems seem to stem primarily from a gross lack of sexual knowledge and very limited social skills. This is not so much a reflection of general immaturity as of the isolation of deafness. As we have seen, the auditory and physical isolation of deafness often limits participation in the family and the community.

Based upon current data, it appears that misinformation and belief in sexual myths are more common among the deaf than among their hearing peers. The need for intensive sex education often becomes the cornerstone of counseling and therapy services for the deaf. Reliable information about anatomy, physiology, and sexual development may often be the only therapeutic treatment needed.

Other needs may go beyond intensive sex education to complex therapeutic intervention. Some problems for American deaf adolescents and adults focus upon values clarification, sexual behaviors, life style choices, birth control, and disinterest in sex. A recent survey of 15 professionals working with deaf adults in Washington DC uncovered a high percentage of clients who were worried about masturbation. A smaller but still significant number of clients had problems with issues of homosexuality and bisexuality.

Deaf American adolescents, as well as their hearing peers, often find choices of sexual values and behaviors very conflicting. For deaf adolescents, this conflict is fed by the "good/bad" dichotomy that appears to exist more strongly in the deaf community than among the hearing. Many young deaf men seem to be very performance oriented.

Fear of pregnancy seems to be paramount for both sexes and there appear to be grounds for this concern. A 1972 study of deaf students at Gallaudet College found that almost 53 percent of the sample had experienced intercourse, and that nearly 34 percent had had a variety of partners. Of the sexually active sample, 38 percent employed withdrawal and 25 percent used condoms, while 30 percent used the rhythm method. The fear of pregnancy is justified when one considers that 93 percent of the sexually active respondents employed unreliable birth control methods. Confusion about the various kinds of protection available is reflected in the sign for birth control, which also means "birth control pill". For many American deaf adults, knowledge of birth control is limited to use of the pill. Fear of unwanted pregnancies, rushed marriages, or hurried abortions often leads to bitterness, resentment, disinterest in sex, and a general communication breakdown. These difficulties, coupled with a surfeit of sexual myths, stereotyped sex roles, and guilt can enhance the problems of relating and communicating sexually.

It is vital for sex counselors or therapists working with hearing impaired clients to be fluent in sign language. Even with excellent communication skills, sex counseling and therapy are often slow and complex processes. Issues of poor self concept, communication frustrations, and dependency may surface. In working with deaf couples, differences of hearing loss between husband and wife may provoke jealousy or dependency that can affect sexual functioning. The hearing professional also may have to deal with basic mistrust of hearing persons. It is often necessary to review and restate concepts and information to be certain that the deaf client understands. Those processes require extraordinary time and patience for both counselor and client.

Steps in the Right Direction

Knowledge and understanding of the potential effects of deafness upon individual sexuality are in their infancy. But common concerns are emerging among parents, professionals, and deaf adults about the needs of hearing impaired youth. Society is just beginning to recognize that disabled people are sexual beings, with the same desires,

curiosities, hopes, and expectations as other people. It is encouraging to note that some deaf people have begun to explore their sexual rights, privileges, and opportunities. Efforts toward continuing education, professional assistance for sexual problems, sex education program development, and the seeking of federal research funds are slowly evolving from the deaf community itself.

Those who work with hearing impaired adolescents and their families face the challenge and responsibility of re-evaluating social attitudes toward the sexual rights of all disabled persons. It is hoped that further exploration of the potential effects of deafness upon sexuality will encourage acceptance of the sexuality of deaf people, as well as other disabled persons in America and abroad.
—*Max Fitz-Gerald, Della Reaves Fitz-Gerald*

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Deaf Culture And Communication: Their Influence on Sexuality

Most professionals working in the field of human sexuality are well aware of the strong influence of culture on individual sexual development. Those who deal with sexual issues in a hearing impaired population, therefore, must first become well acquainted with the far-reaching implications of deafness and the deaf culture on sexuality.

Throughout history, deafness has created a culture of its own, involving a unique population whose members are bound together by several cohesive forces. These include audio-communicative handicaps; educational, social, and vocational restrictions; and a tendency to socialize and marry within the group. In general, people who feel at home in the deaf culture ae prevocationally deaf—that is, they were born deaf or become deaf before the age of 19.

Current research makes it clear that patterns of feeling, thinking, and behaving with regard to human sexuality tend to develop from birth, if not even earlier. The culture that surrounds each individual during childhood and youth, therefore, has strong influence and control over that individual's sexual values, attitudes, and behavior.

In the somewhat restrictive culture of deafness, much of the process of learning social values results from observation, which is of course severely limited by the inability to hear. Additionally, deaf children tend to acquire formal learning through a rote process, perhaps clarifying the information later through reading, but often missing the nuances of approval and disapproval, acceptance and rejection that are carried by verbal messages. Compared with the learning opportunities constantly available to hearing children, deaf children often miss important information unless they make an effort to find it on their own. Very little informal learning can take place in the course of other activities, for a child who cannot hear.

Of course, the learning limitations of deafness are reflected in matters of sexuality. It is impossible to stereotype any group of people because of the wide variations among individuals, but it is possible to make some generalizations that will apply, more or less accurately, to most hearing impaired people in American culture today. More than 20 years ago, Rainer and Altschuler studied the deaf population of New York State. They described a population whose members were socially and sexually naive. They theorized that this widespread naivete may have been related to the pervasive attitudes of educators in schools for the deaf, which most had attended.

In most of those institutions, the sexuality of the student population was simply ignored or denied. Few schools provided any form of sex education, and what little there was dealt mainly with anatomy and birth, always in single-sex classes. Matters of human relationships, values, decision-making, family planning, social expectations, and the like were seldom if ever discussed.

The situation has changed considerably during the last 10 to 15 years. Society is quite different for all its members, deaf and hearing. Most schools for the deaf now offer some form of sex education. A tendency to mainstream deaf children has also contributed to a lessening of isolation. The US has lived through new definitions of morality, a move toward greater sexual freedom, and a widespread drug culture, all of which have strongly influenced individual attitudes toward sex.

If adapting to the shifting sexual world has been difficult for hearing people, it has been doubly confusing for those who are auditorially impaired. Overall progress toward understanding human sexuality has often been accompanied by occasional sidetracking, even regression. Probably because of the pervasive gaps in communication, assimilation of sexual information as well as changing mores has been slow, uneven, and inexact.

There is, however, a broad base for mutual understanding. The sexual concerns, behaviors, and problems of human beings, deaf or hearing, are at base very similar. When communication difficulties and cultural barriers are removed it is clear that deaf people are sexual beings, just as hearing people are. Sexual attitudes and behaviors may be influenced differently by the cultures in which people live and work, but sexual adjustment for hearing impaired individuals requires the same foundation as for their hearing neighbors—sound information about sexuality and a wholesome sexual orientation.

In order to offer appropriate education in sex-

uality to hearing impaired youngsters, any teacher needs three basic sets of tools. The first is, of course, thorough knowledge of sexuality and its importance in human life. The second is a comprehensive understanding of deafness and deaf culture. The third is the ability and the strong desire to communicate clearly and accurately the attitudes, information, and reassurance young people need to live healthy, satisfying lives.
—*Luther D. Robinson, M.D.*

Human Sexuality in the Deaf World: A Counseling Perspective

Today, the need for sex education is beginning to be recognized in schools and programs for the deaf but much remains to be achieved in this area, especially in terms of research and documentation. Only a few professionals have disseminated the results of their work in the field of human sexuality and deafness; it is our hope that their number will grow in coming years.

The authors are both deaf professional counselors and therapists. We are members of the faculty at Gallaudet College, engaged in mental health work as therapists. In our psychotherapeutic work, we have counseled a great number of deaf adolescents and young adults. We consistently find that sexuality is an important but difficult topic for many of our clients to discuss. A typical remark that we often hear from our clients is, "This is the first time I have really talked about my sexuality." It is clear to us that young deaf people have few opportunities to develop a sense of openness about their own sexual feelings. The missing link in the development of deaf youth seems to be an understanding of human sexuality.

Exploring Sexuality

Jeff has worked as a Counselor/Trainer to five different groups of Gallaudet student paraprofessionals, with human sexuality as part of the training curriculum. As he expected, the group members felt awkward when the topic was initially broached and explored. With the passage of time, as members became more comfortable and shared more information about themselves, the groups yielded a wealth of information relevant to the sexual development of some of the most promising hearing impaired students. We learned that very few of our paraprofessionals practiced regular birth control. Most of the females either did not masturbate or were unable to acknowledge it, and felt that masturbation was appropriate for males but not females. Many of our students harbored disdain or believed myths about homosexuality.

If such tendencies occur among these high achievers, we must assume that the situation is more pronounced among the general population of hearing impaired young people. As we educated our paraprofessional student workers, we noticed a gradual and very positive change in their attitudes and outlooks on human sexuality. They became more accepting and tolerant of others, learned more about theories of sexuality, and were better able to distinguish between myth and reality.

In our individual psychotherapy work with patients, we have encountered all kinds of people, including those who are straight, gay, neurotic, psychotic, and borderline. We do not profess to be experts in the area of sexuality. We have come to realize, however, that it is impossible to focus on individuals' lives without touching on their sexual history and development.

The Way It Was

This has made us take a good, hard look at our own sexual education and upbringing. Neither of us had much formal sex education before college. The only place where sex was discussed with us in the educational setting was in health classes, and then dealing only superficially with the human reproductive systems. Similarly, our undergraduate and graduate training gave almost no attention to human sexuality. We both majored in Psychology at Gallaudet College and in Counseling Pscyhology (Jeff) and Counseling (Nancy) at New York University. Thus, we became professional practitioners with very little background in human sexuality. We have sought extra training and still have a great deal to learn.

Our own "enlightened" attitude toward human development and sexuality has been greeted with skepticism by some members of the deaf community. People who work with homosexuals may be labelled gay themselves. We occasionally counsel adult patients who have questions about their own sexuality, and who may wish to explore homosexual relationships to see where they stand.

The most common concern expressed by these patients is: "Does having one or a few homosexual encounters make me a homosexual for the rest of my life?" We tell them that it does not, and try to alleviate their anxieties. Many "straight" deaf people have a great deal of difficulty accepting such an attitude, making it increasingly difficult for others to explore their sexuality. In our opinion the same prejudices exist in the hearing world, but to lesser extent because of the size of the hearing community.

Culture and Sexuality

Sexual behavior in the deaf community, on the whole, probably does not differ much from similar activity in the hearing community. Rumors may travel faster in a small society, but the fear of disapproval does not diminish human desires and needs. We have observed, for instance, that during national athletic gatherings for the deaf, including the tournaments sponsored by the American Athletic Association for the Deaf, there is a lot of sexual energy in the air during the evening activities. Many deaf people enjoy the opportunity to meet one another at these infrequent gatherings, and may reach sexual intimacy rather quickly. Perhaps this is a common phenomenon among small communities and cultures, where sexual intimacy is achieved more easily than in larger societies.

Dangers of Ignorance

The widespread problems of incest and other sexual abuse of children are finally being recognized and discussed in the general population. We believe that deaf people have been victimized at a higher rate than the normal hearing population. This belief comes out of our own counseling experience, as well as from the case histories collected by other therapists and social workers with deaf clients. It is encouraging to note that in recent conferences, including the 1983 national conference of the American Deafness and Rehabilitation Association, more attention is being given to the problems of incest and sexual abuse in the deaf community.

One place where sexual abuse of deaf children undoubtedly occurs is in residential schools. Not much attention is paid to the problem, probably because of its foreboding nature. The victims are usually young children, both male and female, and the aggressors typically dormitory personnel.

In most incest situations, the deaf victim is almost always female and the only deaf member of a family. The status of the victim in the family, and the perpetrator's attitude toward her deafness usually are the precipitating factors in the selection of the victim. In both situations, most cases go unreported.

In our work with deaf clients, we have found a surprising number of victims of such molestation. It is infuriating to know that such things happen, even in schools for the deaf. We look to the development of training programs for dormitory staff personnel and increased vigilance on the part of school administrators to correct this deplorable situation. It is clear that problems of incest and molestation both deserve a great deal more attention than they have received in the deaf community.

Training for a Better Future

Although we have had space to touch on only a few topics in the area of sexuality and deafness, we hope we have raised some new issues, and aroused reader interest in investigating further and contributing to the information that already exists in the field. There is no question that sex education and awareness deserve a more prominent place in programs for the deaf. It will be difficult to make inroads, however, without advocates from within the deaf community.

There are two major educational needs: first, to ensure that all deaf children will have access to adequate, well-designed sex education early in their school experience; second, to offer deaf high school and college students the opportunity to pursue advanced training in human development and sexuality. Armed with accurate information and a comprehensive understanding of potential problems, today's students can become advocates for a new era in preventive mental health within the deaf community.

—Jeff Lewis, Nancy Lewis

On the Spot: Teaching and Counseling in a School for the Deaf

Usually, school sponsored sex education takes place on three distinct levels: as daily informal teaching; as peripheral information provided in various other curriculum areas; and as a comprehensive sex education program. Each level requires varying degrees of comfort, knowledge, and skill from teachers or counselors seeking to respond appropriately to student needs.

Much informal learning occurs spontaneously, as faculty and staff members deal with day-to-day situations involving student relationships and concerns about sexuality. Problems may range from the boy who uses socially inappropriate language and signs, to the girl who asks for specific sexual information, to the discovery of prohibited sexual behavior among students. Faculty and staff members who can respond appropriately in such situations can significantly influence the behavior and attitudes of the students involved, and ultimately can affect the school environment. Realistically, all high school faculty and staff members are potential sex educators. Carefully designed training can enhance their ability to function well in that role.

The second level of sex education consists of the systematic infusion of selected objectives into other class curricula. This approach is common throughout school programs for the deaf. Objectives dealing with family roles and human development, reproduction, and growth are traditionally incorporated into science, health, and biology courses. The extent of instruction varies from school to school and from teacher to teacher.

For example, in 1974, the authors found that 55 percent of state residential schools for the deaf included sex instruction as part of other courses. Sex education was provided as part of general health courses at 75 percent of the responding facilities; 42 percent infused sex education into science classes; and another 28 percent incorporated sex-education objectives into guidance periods (Fitz-Gerald and Fitz-Gerald, 1974).

Since conducting the 1974 survey, the authors have had the opportunity to discuss the exact content of instruction in sexuality with science, health and guidance personnel in a wide variety of programs. Generally, teaching is limited to hygiene, the naming of body parts, and descriptions of the reproductive system and its functions. Any additional instruction is usually crisis oriented. Neither approach is developmental, and neither provides adequate instruction or counseling in sexuality for hearing impaired youth.

The third level of sex instruction is the comprehensive program, which may take any of several forms. It may be provided either as a specific course or as part of an existing class, in which time is set aside for sexuality instruction. Either method of programming provides considerably more time than is usually devoted to sex education.

Finding the Right Teacher

Who should provide sex education in the school? Should it be handled by the physical education teacher, the science teacher, the counselor, the school nurse? In 1976, the authors found that the classroom teachers were most likely to provide instruction in 70 percent of the schools that sponsored sex education programs (Fitz-Gerald, Fitz-Gerald, Williams, 1976). Classroom teachers, therefore, can generally expect that they will be asked to assume responsibility, and the question is whether most are prepared for the job of sex educator. That can be answered best by checking their background and training in the teaching of sexuality.

In 1978, the authors contacted each of the 71 training programs for teachers of the hearing impaired and learned that only two provided specific courses designed to prepare teachers as sex educators (Fitz-Gerald, Fitz-Gerald, Williams, 1978). One can safely conclude that few teachers or counselors have received any significant training in sex education that would enable them to teach this material successfully. A policy of recruiting untrained teachers to provide sex education can result in haphazard instruction and invite potential disaster for the program.

Because of the sensitive nature of sex education, the entire school community should be informed and involved in the program and its goals. Teachers and counselors must be competent in their primary field, experts in human sexuality, and equally skilled in public relations. It is imperative that sex education teachers and counselors receive adequate preparation and ongoing support for their work.

When Should You Start?

Perhaps the best way to decide on an appropriate time to begin teaching about sexuality is to review some of the research on when children begin learning specific sexual concepts. A study called "Adolescent Sources of Information on Sex" appeared in the April 1981 issue of the *Journal of School Health*. Its author, Hershel D. Thornburg, had studied all of the students (1152) in a large midwestern high school. The sample was broken down by sex (542 males and 610 females) and by grade level (264 freshmen, 281 sophomores, 262 juniors, and 340 seniors). The school served a town of more than 250,000, and the students who participated in the study ranged from lower-middle to upper-middle class.

a. *When Was Sex Information Learned?*
   - Age 12 or 13 was the peak time for learning sexual concepts; of all sexual information, 51.4 percent was acquired during this age period.
   - More was learned about every sexual topic during this age than at any other time, except that most children had already learned about conception and menstruation.
   - Ages nine to 11 accounted for 31 percent of introductions to sex information.

b. *What Was Learned—and from Whom?*
   - Peers (37 percent) were the single most frequently cited source of sex information. Peers were particularly apt to provide information on petting, homosexuality, and intercourse.
   - Other sources of information included the media, mothers, schools, experience, fathers, physicians, and ministers, in that order.
   - Media, including literature, contributed information on abortion, prostitution, and seminal emissions.
   - Mother provided most of the sex information acquired at home. Her primary contributions were in the areas of contraception and menstruation.
   - Schools accounted for 15 percent of the information in the sample.

What Do They Need to Know?

Perhaps the most important question is "what do you teach in a sexuality class?" Comprehensive education in sexuality should have four major components: knowledge, communication skills, values clarification, and decision making. Traditional instruction has focused on providing information: labeling body parts, identifying pubertal changes, and describing reproductive functions. This has generally proved inadequate. Decision making, communication, and awareness of values are equally important, but often are overlooked because of their sensitive nature.

Communication skills must be developed to accommodate the child's relationships with people of both sexes, peers and adults. Children cannot be expected to develop successful adult relationships if they are unable to express or accept intimate communications.

From birth onward, children are surrounded with a wide array of values, often conflicting. Providing structured opportunities to explore, understand, and respect one's own values and those of others is a vital and necessary process in sex education and an important step in enhancing the ability to deal with sexual and personal decisions. It is imperative, however, that teachers be trained not to impose their own personal values upon their students. Transmission of values is the right and responsibility of parents.

Children must also be provided with an opportunity to develop decision-making skills. It is important for young people to deal with realistic sexual problems and situations if they are later to make responsible decisions about their own sexuality. The foundation for wise decision making has to include sexual knowledge, strong communication skills, and an awareness of personal and societal values. Without those competencies, teenagers are placed at an extreme disadvantage that can ultimately undermine their own self confidence and their relationships with others.

Building Self Esteem

A comprehensive program in sexuality should help enhance the concepts of individual self worth as well as appreciation and respect for others. In the simplest terms, self esteem can be defined as the way an individual feels about himself or herself. Self concept centers around the question of identity.

In their book, *Sexual Choices*, Nass, Libby, and Fisher developed an "Identity Pie" to illustrate the various components of identity. To make the diagram more relevant to the self concept of a hearing impaired student, we have modified it by adding the component of "handicap identity" and by

using sexual identity as a frame for the entire structure. The reason for this modification is our belief that individual sexual identity affects and is a component of all other aspects of self concept. The degree of that influence, of course, will vary among individuals.

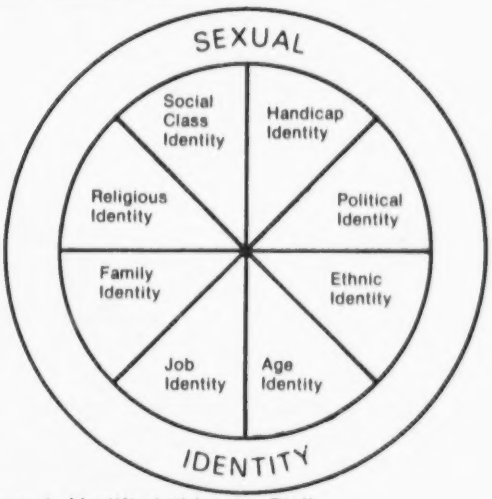

Figure 1. Modified "Identity Pie"

The relative importance of each of the components of self concept also varies among individuals. The exact importance of each component and the degree to which each influences and is influenced by sexuality, will be determined by individual lives and environmental influences.

A comprehensive program in sexuality cannot avoid dealing with individual self esteem and self concept. Information about sexual behaviors and reproductive systems has little meaning without a clearly developed private and public concept of what it means to be male or female. Communication skills develop out of feelings of individual worth and the idea that what one wishes to communicate has value. Individuals who believe that their feelings are unimportant or unacceptable are unlikely to make good communicators. Decision making skills grow out of confidence in one's own capabilities. An individual with a poor self concept may feel that sexual decisions are not within his or her own control, but rest with others.

Anything Worth Doing...

Such factors as early physical maturation, early sexual experimentation, peer pressure, changing sex roles and expectations, increasing divorce rates, and the inability of parents to communicate comfortably with their children all demonstrate the need for a more systematic and comprehensive presentation of sexual concepts for young people of all ages. Only 10 percent of public school children receive any sex education in school (Kirby, Alter, Scales, 1979). The author's research and experiences in the field confirm that deaf youth, in day or residential programs, are not receiving any more formal instruction than their hearing peers. That lack is compounded by the increased difficulty for hearing impaired children in picking up information from the world around them.

It is imperative for home, school, and religious organizations to unite in an effort to provide the best possible education for sexuality. This means making children aware of acceptable social standards, the reasons for those standards, and any conflicts among them. Young people need information about the consequences of violating personal values, as well as the skill to evaluate and decide among responsible choices.

Complacency about naivete and ignorance on the part of today's youth risks perpetuating the kinds of problems that many adults experience in connection with their own sexuality. The consequences of sexual ignorance are familiar to physicians, social workers, and counselors in all areas of society, and are reflected in a growing number of broken homes and stunted lives. As a substitute for informed and responsible sexuality, ignorance is far from bliss.

—Della Reaves Fitz-Gerald, Max Fitz-Gerald

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Designing a Sex Education Program for Your School

Paula Smith, a teacher in a residential school for the hearing impaired; John Banks, a dormitory advisor; and Tina Jones, a hearing resource specialist in a public school, all share a common problem: how to provide sexuality education for their students. They see a clear need for such a program, based on student's questions and sexual behaviors, and on parental requests for help.

The three professionals are not sure exactly how to start the sex education process, but they believe that if they had a curriculum and appropriate materials they could begin their program. Although their intentions are commendable, they probably are heading in the wrong direction. Materials selection is one of the last steps in the process of developing a sex education program—not the first.

What are their options? Should they go ahead and try to answer students' questions, discourage inappropriate sexual behavior, and respond to parental encouragement to provide instruction? The answer to all these questions is yes, but only as part of a systematic process.

This article will identify and outline a step-by-step process professionals can use to develop and implement a comprehensive sex education program. Each step depends on the success of preceding stages. Together they can add up to a process that has been used successfully with hearing and deaf children in both public and private schools.

Six Basic Steps

A successful, comprehensive sex education program depends on three basic concepts: broad-based community involvement and support; qualified and trained instructors; and regular evaluation and revision of materials, curriculum, and goals.

Each concept is further reflected in the six requirements for developing and implementing a sex education program.

- Knowledge of state board of education guidelines regarding sex education.
- Support of the policy makers in your school.
- Support of the instructors who will be involved.
- Appropriate training for instructors and parents.
- Development of appropriate curriculum and materials.
- Ongoing evaluation and revision.

Your state probably has guidelines for sex education; 44 states plus the District of Columbia have developed such codes. Only Arkansas, Indiana, Maine, Mississippi, South Dakota, and Wyoming have no written guidelines. The only states that *require* sex education in schools are Maryland, Kentucky, New Jersey, and the District of Columbia.

Although guidelines vary considerably, most recommend involvement of parents and community members in planning, local control of programs, and public review of program content. More than half the state guidelines require special training for sex educators. Eleven states recommend classes for parents to complement students' classes. The four classroom topics most commonly suggested or required include anatomy and physiology, human reproduction, veneral diseases, and family roles and responsibilities. Controversial topics such as masturbation, contraception, abortion, and homosexuality are seldom dealt with.

Since considerable variation exists among community standards for acceptable topics, it is important for your school to be aware of state guidelines and the community interpretations of them. The policy makers in any school program consist of parents, administrators, school boards, teachers, students, and community members. The mix and degree of input will vary from one school to another, but each group will exert some influence upon what finally emerges as school policy.

Setting up an Advisory Committee

Initially, you will want to set up a sex education advisory committee, drawn from people in your school and community. Design the membership to allow input from various community groups, and encourage members of the committee to volunteer in the school program as well. The following groups should be represented on the advisory committee.

Adapted with permission from "How to Develop and Implement a Comprehensive Sex Education Program," *Perspectives for Teachers of the Hearing Impaired*, Jan. 1983.

- Parents constitute perhaps the most powerful voice among policy matters. Their representation should reflect the school's racial, religious, sexual, and grade-level composition. Generally, there should be at least six parent representatives.
- Students should be involved as closely as possible within the limits of their ages and abilities. As consumers of the program, their opinions are vital.
- Administrative representation is also essential, since the administration will ultimately be responsible for implementing the committee's recommendations in the school.
- Teachers must be represented since they will provide the educational support.
- Dormitory and school counselors, like teachers, must be involved since they deal directly with students' questions and behaviors.
- Community support people, such as medical and human service workers, legal professionals, and clergy, all have contact with young people. Representatives from each area can provide balance and perspective for the planning process.

The committee's primary purpose is to advise the school administration. The members do not decide on school issues, they only recommend. The committee functions democratically; representatives of each group should reflect the needs, desires, and opinions of the larger community. Committee members are responsible for:

- Determining the goals and expectations of the groups they represent.
- Sharing and advocating those expectations within the committee.
- Keeping community groups informed of the committee's work.
- Making recommendations to the school administration.
- Advising the school administration on policy for sex education.

The sex education advisory committee should meet frequently during the planning stages. It is important to note that the chairperson is often the key to the success of the committee. Ideally, the chair should have knowledge, training, and skills in group leadership and sex education, as well as the ability to gain the confidence of committee members.

Part of the leader's responsibility will be to provide the committee members with opportunities to enhance their own comfort with and knowledge of sexuality. If the chair is not qualified to provide such training, an outside consultant in human sexuality should be hired to train the advisory committee. Appropriate training will help members explore the issues objectively before making recommendations.

Key issues for committee concern will include an assessment of the need for sex education, topics of instruction, values and attitudes, age levels of students, separate or coeducational classes, placement of the program in the school schedule, parent education, and selection of teachers. A variety of approaches may be employed to help gather the needed data, including mail or telephone surveys and community meetings. Articles in newsletters and the school paper will help keep each group informed of the committee's progress. The sex education advisory committee should stay closely in touch with the groups it represents. Open exchange of information is invaluable in developing a program and advising the school administration.

Roles of School Professionals

It is important to establish administrative support from the beginning, since school administrators will exert considerable influence on establishing and carrying out policy. Administrators should understand the broad goals and expectations of the program; they should be willing to provide training for staff and parent groups; and they must agree to supply the resources needed to develop and sustain the sex education program.

Teachers' involvement in the sex education program should be voluntary. One cannot expect that all physical education, health, home economics, and science teachers will be interested in or capable of teaching sexuality. Since few teachers have had the appropriate training, they are understandably reluctant to assume responsibility. To build in teacher support and cooperation, involve each department in the planning process. Encourage staff members who are willing to devote time and energy to the program, getting the needed training and becoming competent sex educators.

Parents: The First Instructors

Studies show that parents want to be the primary sex educators of their children but often find

it a difficult role. Parents often report feeling embarrassed and uncomfortable when trying to discuss sexual issues with their children. Many feel they lack the information and skills needed to do an adequate job.

Yet the parents' role as sex educators is vital. They need educational opportunities that will bolster their confidence and enhance the process. Workshops ranging from evening sessions to weekend seminars should be made available for interested parents. Well informed adults become more supportive of the school's sex education program and may also take a more active role in sex education at home. Parental cooperation is another of the factors that can make a school program successful.

Whether offered for a short or long term, conducted by a trained committee member or a qualified consultant, sex education workshops should provide parents with an opportunity to face the issues openly and honestly. Parents need to study current scientific information about human sexuality; to integrate that scientific knowledge into their own value systems; to examine the sexual values and attitudes they wish to convey to their children; and to enhance their understanding of how sexual information, attitudes, and values are communicated to children.

Teaching the Teachers

The success or failure of any sex education program depends on the teacher. The best curriculum and materials can only supplement the skills of a competent educator. There are a number of professional training programs, and at least six institutions that offer classes, workshops, and seminars. Training for sex education should be continuous, and should include instruction in each of three general areas: comfort with the subject, knowledge and information, and skills.

Comfort with the subject should include:

- Sensitization to the diversity of sexual values.
- Examining community values, attitudes, and expectations of a sex education program.
- Information on when to provide services and when to seek assistance.

Knowledge of the following subjects is essential:

- General psychosexual growth and development.
- Male/female sexual response cycle.
- Potential effects of drugs on sexual response.
- Specific problems that may be caused by disabilities.
- Legal aspects of birth control, abortion, sterilization, and sex education.
- Effects of institutionalization on social and sexual interaction.
- State laws pertaining to sexual behavior.
- Genetic implications.
- Rape and child molestation treatment concepts.

Skills should be developed in the following areas:

- How to begin and end a discussion of sexuality.
- How and when to provide appropriate permission.
- Basic problem-solving techniques applied to sexuality.
- Developing and implementing a sex education program.
- Communicating with parents and administrators.

Curriculum and Materials

If a sex education curriculum is to reflect the needs of students, it is necessary to pinpoint the topics students consider important. While that may sound trite, many curricula have a tendency to reflect what adults think or would like students to think, rather than answering genuine student needs.

One way to assess student needs is through individual interviews and group discussions. One useful technique is brainstorming—asking a student group to name all the sexual matters they are interested in learning about. One group leader should serve as notetaker, recording student's questions and comments.

Don't reinvent the wheel. It is generally not necessary to develop a new sex education curriculum for each school. A growing number of excellent curricula have been developed specifically for use with deaf students. Any of them can easily be modified to meet the specific needs and objectives of your school and community.

Evaluating and Revising the Curriculum

Evaluation and revision of the program must be built into the process. The primary purpose of evaluation is to encourage constructive revision. Matters that should be assessed regularly include the staffing of the program, the training provided

for parents and teachers, the curriculum itself, and its impact on students.

Generally, student knowledge can be evaluated through written tests or oral and signed discussions. An assessment of student behaviors and their level of comfort with the subject is harder to achieve and usually less objective. Interviews with staff members, parents, and students can often provide subjective accounts of the benefits, barriers, modes and frequency of communication, advantages, and disadvantages of the program. Pre- and post-course attitudinal surveys, oral or written, can help evaluate student response.

Evaluation and revision should never be viewed as fault finding. On the contrary, the process should be designed to improve and enhance the impact of the program on students, school, and community.

Building Support in the Community

Group discussions and surveys are the best methods of acquiring feedback from members of the school community. Group meetings are effective, but should be clearly defined as to purpose, well planned and structured, and led by a competent leader. Such meetings can quickly work against the program if those who oppose sex education are not structured into the agenda and dealt with effectively. The key phrase is "be prepared."

All sex education materials should be available for review by interested inviduals or groups. This can be done once or twice each year at parent meetings. Specify that the first year of the program is a test period, emphasizing the fact that the program is not carved in stone and that it will be vigorously assessed and modified as necessary. Classes should be open to visitors; the open door policy goes a long way toward lessening fears and misunderstandings.

Any successful sex education program must be built on a partnership between home and school: the watchword is teamwork. Cooperation and input from many groups increases the likelihood of helping young people develop healthy, responsible attitudes toward sex. Human sexual development is a universal process, a journey every young person must travel. Competent instruction and open communication can help make effective sex education a reality, enhancing your students' understanding and appreciation of an important aspect of their lives.

—*Max Fitz-Gerald, Della Reaves Fitz-Gerald*

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Sex Education Programming: The Pennsylvania Experience

SEX!!!

"Now that we have your attention..."

Surely everyone has been caught at least once by that old joke. The gag, of course, is that sex, as a word or a concept, attracts immediate attention. Usually the response is positive, but sometimes it can be emotionally and heatedly negative.

Both positive and negative reactions were part of the early history of the sex education program at the Pennsylvania School for the Deaf. PSD was one of the first center schools for the deaf in the country to develop a sex education program based on its own curriculum. The authors have been closely involved with the content and administration of the Pennsylvania School sex education program, and are eager to share our experiences with colleagues from other programs who are working on similar curricula for their schools.

In the mid-1970s, staff and administration members at PSD recognized the need for a sex education program. With the support of ESEA 89-313 Title 1 funds, a group teachers, dorm counselors, representatives from the child study department, and adminstrators started work on a sex education curriculum. As with all curriculum development, it was a long and difficult process.

That original curriculum was written in summer of 1977, implemented that fall, and is basically still being used. Initially, science teachers were asked to teach sex education in the upper levels, and volunteers taught the elementary grades.

Dealing with Community Concerns

There was no immediate response from parents. Gradually, however, they and representatives of the religious community began to express concern. Some objected to specific subject matter in the curriculum, particularly regarding such topics as abortion and birth control. Others were worried about the fact that they were not informed of topics to be covered in their youngsters' classes, and that no values clarification system was provided. Still others felt that the importance of love and family life should be reflected in the curriculum.

Parental dissent reached its peak in the summer of 1979, when a group of parents and a representative of the religious community met with the headmaster to discuss their concerns and to demand action. As a result of that meeting, an open forum was held in the fall of that year, well attended by parents, clergy, and staff members representing a variety of views.

At the forum, the librarian displayed all the books in the school library that pertained to sex education and were included in the curriculum bibliography. The forum eliminated several of the books as references, and agreed on a number of other issues. Letters were sent to parents at the beginning of the next school year to inform them that their children might be provided with sex education and that they had the right to withdraw them from the program. It was agreed that consultants would be brought in to train staff members in sex education information and instructional skills. Finally, in February 1980, a Sex Education Advisory Committee was established, composed of parents, clergy, and school staff members, and chaired by the schools' assistant headmaster.

The goals of the advisory committee, and the steps toward attaining those goals, were very clear.

1) Identify and clarify the desires, goals, and expectations of parents regarding the school's sex education program.
   Process: Conduct surveys and group meetings to determine the concerns of parents.
2) Examine these parental desires, goals, and expectations from a strong knowledge base.
   Process: Provide group discussions to be monitored by consultants, hold general rap sessions, and circulate informal reports of literature and data.
3) Share information with all members of the Sex Education Advisory Committee. Keep the school administration and teachers of sex education informed of the committee's work in identifying, clarifying, and examining parents' concerns, goals, and expectations.
   Process: Distribute minutes of each meeting; make periodic reports to the school administration and the education committee of the board of trustees.
4) Make recommendations to the administration for revising and implementing the sex education program, based on the concerns, expectations, and goals identified by parents.

Process: Hold a forum to air recommendations and present formal reports to the headmaster.

5) Advise the administration regarding school policy on sex education.

Process: Schedule regular meetings with the headmaster and administrative staff.

The first task of the committee was the development of a questionnaire to be sent to parents, surveying their opinions and concerns about the PSD sex education program. The results confirmed that the vast majority of parents supported the sex education program and its curriculum.

Refining the Program

During the 1980–81 school year, the advisory committee met three times to discuss important parental concerns. One parent proposed that sex education teachers instruct students of the same religion as they (Catholic teachers teach Catholic students, Jewish teachers teach Jewish students, etc.). Another suggested that at the beginning of each school year a panel of clergy representing a variety of religions meet with teachers to discuss their religious views on sex education. Still another recommended that representatives of various religions be present during sex education classes.

Dealing with those requests resulted in a procedure that significantly defused volatile feelings among parents. Teachers were required to write to parents at the beginning of each month, informing them of the subject matter to be covered in their child's sex education class that month. Parents were asked to contact the teachers with any questions on those topics, or to request that their children be removed from some or all of the classes. Since this procedure was initiated parental tensions have subsided. And although some parents have elected to remove their youngsters from classes, that step has been very rare.

During the 1981–82 school year, the advisory committee met to discuss parent education possibilities. They also met with Max and Della FitzGerald, sex education consultants provided by Gallaudet's Pre-College Outreach Program, who reviewed their staff training program. The next major task facing the committee was the review and approval of the sex education policy recommendations drawn up by a core staff group.

At present, sex education is provided at all levels in the Pennsylvania School. In the high school, three teachers provide instruction for all academic and vocational students. All teachers in the special program for students with additional handicaps work with their own students. In the middle school, one teacher provides instruction for 58 students. Classes are scheduled each semester, and the teacher trades off with other teachers so that she can teach sex education to their classes. In the lower school, all teachers are involved in sex education—teaching parts of the body, sex differences, and other basic information.

Planning for the Future

As we continue to implement the Sex Education Program at Pennsylvania School for the Deaf, we find many areas that need modification and improvement. Plans for the future include:

- *Staff Training.* Specifically, we are seeking ways to train staff members in methods of introducing controversial topics.
- *Curriculum Development.* In the summer of 1982, with Title 1 funds, the committee sponsored a curriculum development workshop involving staff, parents, clergy, and consultants. The purpose of the workshop was to modify the curriculum, incorporating suggestions of the teachers who had been implementing it over the years. Among other things it was expanded to include chapters on family life and the concept of love. Members of the core group met regularly during the 1982–83 school year to continue the work begun in the summer.
- *Materials Acquisition.* Along with curriculum development, the core group is reviewing available materials and ordering those that seem appropriate. This is a difficult job, since most commercially available materials are not appropriate for use with deaf students.
- *Policy on Sexual Issues.* A small task force, representing teachers, dorm counselors, administrators, and the child study department, will soon begin developing a draft of school policy pertaining to sexual issues. The draft will be presented to the Sex Education Advisory Committee for its revisions, then to the Board of Trustees for approval. Important issues must be dealt with—for instance: What action should a school staff or faculty member take when approached by a student requesting an appointment with a birth control clinic? What procedure should be followed when a student suspects venereal disease and informs a staff member? It is expected that deciding on and encoding a policy will take

two to three years. We plan to seek assistance from our consultant, Max Fitz-Gerald, since MSSD recently went through the process of establishing a similar policy. The MSSD experience can help us plan our strategies.

A sex education program at any school presents a series of challenges to staff and administration. For such a program to be successful, input is needed from parents, clergy, and other members of the community. Consultants can provide staff training and parent education and can share information about the experiences and strategies that helped other programs. At the Pennsylvania School, we feel that anything so important to the growth, development, and well-being of students is worth all of the effort.

—*Catherine Rhoten, Donald E. Rhoten*

Growing Up in a Residential School: Developmental Needs and School Policies

A teenage student living at home asks permission of his parents to walk to the nearby store for a soda. On the way to the store, the student is struck by a car and severely injured. The parents, of course, are shocked and deeply upset, and may question their own judgement in allowing the student to walk to the store. But their decision is not subject to public criticism or legal review, no matter how disastrous the results. After their initial grief and anxiety pass, the parents will probably realize that their decision, despite its unforeseen consequences, was reasonable and correct.

Now consider what might happen in a similar situation at a residential school for the deaf. If a student is injured on the way to the store, the staff member who gave permission—and the school itself—may be held responsible, with a strong possibility for legal action.

This brief example illustrates the fundamental conflict for residential schools between a teenager's need for independence and the concerns of parents and society. Residential schools function *in loco parentis* with regard to the students in their care. While that arrangement seems to grant the school broad authority to make decisions concerning the child's activities, those decisions are always open to review and criticism by parents, often with legal ramifications.

Most student activities carry little or no potential for harm. A student's request to sharpen a pencil in class is not fraught with dark possibilities. But on a field trip, a student who asks permission to return to the bus for a sweater may suggest elements of risk and danger to a cautious teacher. Chemistry labs and playing fields are two areas that obviously mandate caution, both in terms of student safety and in documentation of decision-making procedures. The residential environment provides numerous examples of routine decisions that are made more difficult by the possibility of hindsight and review. As potential problems become more obvious, concerns about legal involvement become more salient.

Sex Education: Potential for Conflict

Few areas offer greater potential for disaster than the area of sex education and the supervision of teenage experimentation. The very term often strikes terror into the hearts of parents and educators alike, even though most concerned adults would easily agree on such goals as independence, responsibility, maturity, and sensitivity to others. Acknowledging that residential schools have much responsibility for the personal development of students, how can they discharge that responsibility in the area of sexuality while avoiding conflict with parental and social expectations?

Of course, some families prefer to provide sexuality instruction for their teenagers at home. For deaf students in residential school settings, however, parental instructon is rarely possible. Time spent at home is severely limited, and communication with parents, particularly on such complicated matters, may be equally limited. It is also true that, apart from formal instruction on sexual matters, an informal process of learning, often called the "hidden curriculum," occurs with all students. Incidential learning about sexuality, though it is outside the official planning and instruction process, usually provides young people with a large part of their total information and sexual development.

"Hidden curriculum" is a particularly apt term for the informal learning that takes place in the residential school setting: often both students and staff much prefer that it remain hidden. For better or worse, most teenagers attempt to test their knowledge about sexuality as well as less controversial subjects, and to keep that experimentation from prying adult eyes.

In a sexual context, testing forms a continuum from private exploration to masturbation, to hand holding, kissing, petting, and intercourse with a partner. Exploration of sex may even include same-sex behaviors. How and how far the teenager proceeds along the continuum depends on a number of factors: personal values and knowledge, peer pressure, curiosity, and opportunity, among others. Vigilance on the part of parents or school personnel is only a small part of the equation.

Certainly in the 1980s, children experience increasing social and physical pressures toward sexual experimentation. As sexual mores and values have changed in much of American society, pressures on residential schools have increased. For many years, the problem was taken care of by the

simple dictum: "There shall be no sex." While everyone knew that this was far from effective, it fit the needs of the time and made it easy to deny that experimentation was taking place. As developmentalists learned more about the sexual needs of normal adolescents, however, simple answers were no longer satisfactory. Deaf adolescents, like their hearing peers, became more open about expressing their sexuality.

Even when the realities of teenage sexual activity are recognized, it is difficult to develop policies, curricula, and supportive attitudes that will encourage healthy growth without offending parents and leaving the school open to criticism and legal action. The issue must be faced, however, since it refuses to go away, and perhaps the experience of the Model Secondary School for the Deaf can help other programs deal with these important issues.

The MSSD Experience

At MSSD in the early 1970s a group of school administrators and staff, representing diverse views and values, met to discuss issues of sex education and sexual development of students. Group members discovered at the outset that their own widely different values and comfort levels made the task even more difficult. In trying to set up guidelines in the area of sexuality, the committee encountered the same divisions present in other segments of society. There was strong pressure within the committee to avoid vigorous exploration of the subject and instead to maintain the *status quo*, denying that a problem existed. "Leave the matter as part of the hidden curriculum; let today's students play by the same rules we grew up with—out of sight, out of mind."

Fortunately, the comittee persisted, under the leadership of people like Max and Della Fitz-Gerald, and with the cooperation of parents and community groups. After nearly two years of work, MSSD was able to produce a pro-active approach to dealing with teenage sexual behavior. Any school wishing to develop a similar program must consider all elements of the community it serves, for both moral and practical reasons. Policies cannot work without support from within and outside the school.

After developing a working plan, the committee discovered that it was just as difficult to persuade staff, faculty, and administrators to work within the policy structure. Again, there was a tendency to avoid becoming involved with student sexual behavior, despite rules requiring staff members to act in response to certain activities. Most important was the attempt to insure that the school policies would offer a positive, nurturant atmosphere for student growth, rather than a punitive, disciplinary attitude adopted in response to outside pressure.

Thorough training and support are essential in helping school personnel work within the philosophy and policies, but the single most important factor in making any such program successful is the quality of leadership provided by school administrators. School heads face difficult obstacles themselves, not least of which is the *in loco parentis* responsibility.

Ideally, the welfare and continued growth of students should be the determining factor in all administrative decisions; but in reality, many other factors affect those choices: community expectation, parental fears, professional approval, and legal considerations. One response to all that pressure is to encourage policies that will insure that the school not only conforms to the letter of the law and social expectations, but goes beyond those constraints to remove any margin for error. And in the process, student rights are often lost. Rigid school policies can unintentionally impede efforts to produce independent, fully functioning young adults.

Building in Flexibility

To work effectively, any school policy must set standards for the school's response to specific situations, provide consistency of decision making, uphold the law, and build an atmosphere of unity and control. It is important, however, not to carry the push for consistency so far that the policy no longer accommodates the differing needs of individual students. Flexibility based on student differences and faculty judgement must be built into the structure of overall policies. Without the risk of human judgement, there is danger of rigidity and a drive toward mediocrity. Students' needs, particularly in an area as sensitive as sex, rarely fit the neat parameters of policies set up by a committee or an administrator responding to other demands of daily school life.

One area where intervention of staff can be

harmful to student development lies in policies that require notification of administrators, parents, or police in response to some kinds of sexual activity. Certainly, reporting is appropriate and sometimes legally required in many instances, particularly where violence may be involved. But it often serves only to traumatize and alienate the teenagers concerned. Every situation should be carefully investigated before such decisions are made, examining the circumstances of the problem, the consequences for students, and other alternatives for discipline or correction. The effect of policies should never be to cut off school responsibility in a rush to "pass the buck" to other authorities. It is important to remember that when police or social agencies are contacted by a school, they are required by law to follow up the case even when, on second thought, school authorities and parents find that the facts dictate a different approach or that they would prefer to handle the matter themselves.

When the buck is passed to other agencies, it only increases the distance between students' lives and the place where judgement is made. It is probably true that professionals who work with the students are best qualified to recommend decisions that will truly meet the students' needs, no matter how difficult those decisions may be. There is almost never a clean-cut choice between what is best for the student and what is required by school policies or state laws.

One principle that can guide school personnel in making difficult decisions is the fact that policies and laws were originally written to protect young people, not just to inflict pain and trauma. Even the disposition of criminal cases must be guided by the needs of the adolescents involved and not by unwavering policies that cannot anticipate every human situation. I would suggest that when there appears to be a conflict between what would best serve the needs of students and what laws or policies seem to require, the school administrator should explore that conflict with the school attorney, and with whatever external authorities are available. Such an approach would permit a team decision, making it possible to serve the best interests of students while cooperating with representatives of the community and its laws.

Since 1979, when MSSD first adopted its policies on student sexual behavior, that document has undergone a number of changes and additions, reflecting input from parents and professionals in the field, as well as daily experiences of faculty and staff working with students. The goal remains to enforce policies that accommodate the healthy development and basic rights of students, the legitimate concerns of parents and society, and the responsibility of the school.
—*Richard R. Lytle*

Philosophy Statement Regarding Students' Sexual Behavior

Our primary goal is to assist students in developing healthy attitudes towards their own sexuality. The focus of our efforts with students will be on values clarification rather than discipline except in situations where force is used or other general rules of social conduct are violated.

It is the responsibility of all faculty and staff to actively engage students in "value clarification" discussions and exercises when inappropriate sexual behavior is encountered. In addition to individual contacts wtih students, the MSSD will provide sex education classes and group and individual counseling aimed at developing positive attitudes towards sexuality.

There are variables that govern perceptions of sexual situations. Some of these variables are:

Age
Time
Place
Act itself
Was force used (physical or psychological)
Number of people
Values of student involved
Family's values
Your own values

Categories of Sexual Behavior

To clarify the definition of a sensitive issue, MSSD has developed four general categories of sexual behavior and then made statements as to what action is necessary when faculty or staff encounter such sexual activity.

1. *Behavior*
   Typical adolescent sexual behavior, such as hand holding and kissing.

   Response
   Option of intervention or personal contact at a later time. Parents will be informed of their child's sexual development as a part of regular academic and residential progress reports.

2. *Behavior*
   Heavy kissing or petting which may include genital or breast contact through the clothing.

   Response
   Faculty or staff member encountering this behavior must positively confront the situation and provide the opportunity for the students to clarify their own values and clearly understand our expectations.

   Parents of both parties will be contacted and information shared at the discretion of the faculty or staff member.

3. *Behavior*
   Genital or breast contact, either where clothes have been removed or where students are touching one another under their clothes.

   Response
   Staff member encountering this behavior must positively confront the situation and provide the opportunity for the students to clarify their own values and clearly understand our expectations.

   Parents of both parties will be contacted and information shared as soon as possible.

4. *Behavior*
   Sexual behavior which occurs as the result of force, taking unfair advantage of a girl or boy, or violating other MSSD rules: girl in boy's room, not following sign-out procedure, etc.

   Response
   Staff member encountering this behavior must positively confront the situation and provide the opportunity for the students to clarify their own values and clearly understand our expectations.

   Parents will be informed of both sexual behavior and other rule violations as soon as possible.

   Disciplinary action for breaking the rules.

It is clear that these categories are not mutually exclusive. The determination as to category of behavior must take into account the listed "judgement variables."

5. *Behavior*
Ownership of sexually oriented materials.

Response
Sexual magazines and other such materials may be kept by individual students as long as the materials are read in the privacy of their own rooms.

Sexual materials, when not being used, will be kept in the student's closet or similar place.

6. *Behavior*
Sexual behaviors that involve students of the same sex.

Response
Faculty or staff members encountering this behavior must positively confront the situation and provide students the opportunity to clarify their own values and clearly understand the school's expectations.

All such incidents will be reported to the head resident advisors as soon as possible.

Parents will be informed by head resident advisors.

7. *Behavior*
Masturbation.

Response
Masturbation will be viewed as a private matter as long as it takes place individually in the privacy of the student's room.

When masturbation occurs in a non-private place, the student will be asked to find a more private place.

Parents will not be informed of this behavior.

Information on Sexuality: Where Does It Come From?

Learning about sexuality occurs both formally and informally throughout the life cycle, with many opportunities for learning normally provided in the environment. Individuals learn about their sexuality in three significant ways: directly, from personal experience; indirectly, through talking or reading; and through observation, from listening to and watching others. Any physical impediment as severe as hearing loss can limit those opportunities for learning about sexuality. How important are the effects of hearing impairments on psychosexual learning? How does the presence of a hearing impairment modify the learning process?

Hearing loss can be understood as a continuum ranging from mild to profound, with etiology stemming from a variety of sources. Impairment of hearing is the single most prevalent chronic physical disability in the United States today. More people are affected by hearing defects than by visual impairment, heart disease, or any other chronic disability. A fairly accurate estimate of the numbers of people with impaired hearing was made in 1974 through a national census of the deaf population. It was the first effort since the 1930 census to collect data on hearing impaired individuals in U.S. society. The 1974 statistics indicated that there were 13.4 million persons in the United States with hearing losses, 1.8 million of whom were classified as profoundly deaf.

Learning and Sexuality

It is often observed that deaf children are more immature and confused from a psychosexual viewpoint, because they do not hear the innuendos and taboos surrounding sexual information, nor do they receive messages about male and female development. It is difficult to gather reliable information in this sensitive area, but in 1963, Ranier concluded that sexual delinquency was a more common problem in the deaf population than among the hearing. Schlesinger and Meadow suggest that if this is so, it may relate to general immaturity, lack of education in some areas of sex and family life, and problems of residential school living.

Are the sources of sex information different for deaf youngsters than for the rest of the population? What significance might such differences have for the psychosexual development of deaf individuals? Recently, we investigated the significance of sources of sex information for a random group of hearing and deaf adults, starting with the following hypotheses:

- Peers will represent a substantial source of sex information for both hearing and deaf individuals.
- Reading will be a more influential source of sex information for hearing than for deaf individuals.
- Television and movies will provide more important sex information for deaf people than for hearing people.
- Teachers and dormitory counselors will represent more significant sources of sex information for deaf than hearing students.
- Deaf parents will be more influential sources of sex information for their deaf children than will hearing parents of deaf children.
- Deaf parents will be more significant sources of sex information overall than hearing parents.

Conducting the Study

The subjects of the study were 150 adults, 75 of whom are hearing and 75 deaf. There were 46 hearing females, 29 hearing males, 39 deaf females, and 36 deaf males. The subjects all were residents of the greater Washington, DC, area.

A one-page questionnaire was designed to compare sex, status of hearing, parents' hearing status, educational level, and the significance of given sources for sex information. The subjects were asked to provide personal and educational information and to rate the degree of influence of 16 different sources of sexual information: friends, teachers, dorm counselors, ministers or priests, parents and relatives (father, stepfather, mother, stepmother, sister, brother, aunt, uncle, cousin), television, reading, and movies. The subjects were asked to rate each of the 16 sources on a scale of great influence, much, not much, and none.

The survey was administered to deaf adults attending a workshop on human sexuality, to randomly chosen deaf and hearing professionals in school settings, to a graduate class of hearing adults, and to a random sample of hearing adults.

The two major groups of subjects—hearing and deaf—were further divided into six smaller groups as follows: hearing females with hearing parents, hearing males with hearing parents, deaf females with hearing parents, deaf males with hearing parents, deaf females with deaf parents, and deaf males with deaf parents.

The average age of the hearing sample was 32.5, with 37 the average age for the males and 28 for the females. The deaf sample had an average age of 32.2, with 33.5 the average for males and 31 for females. All of the hearing subjects had hearing parents; 69 percent of the deaf subjects had hearing parents and 31 percent had deaf parents.

Educational backgrounds were similar in some aspects and different in others (Tables 1 and 2). A comparable number of both deaf and hearing subjects had completed college; however, more hearing subjects had completed graduate school. As was expected, a large percentage of the deaf subjects had attended residential schools. In this particular sample of deaf subjects, a large percentage had attended day as well as residential programs, which placed them in the hearing world more frequently than deaf subjects who attend only residential schools.

Table 1: Educational Background

*Subject	Residential	Day	Both
MHHP	3%	73%	24%
FHHP	None	86%	14%
MDHP	40%	36%	24%
FDHP	41%	41%	18%
MDDP	45%	36%	19%
FDDP	42%	50%	8%

Table 2: Education Completed

*Subject	Junior High	High School	College	Graduate School
MHHP	None	7%	34%	59%
FHHP	None	9%	48%	43%
MDHP	None	28%	36%	36%
FDHP	4%	41%	48%	7%
MDDP	None	55%	36%	9%
FDDP	None	42%	33%	25%

**Note:* *MHHP* (Male Hearing-Hearing Parent)
MDHP (Male Deaf-Hearing Parent)
MDDP (Male Deaf-Deaf Parent)
FHHP (Female Hearing-Hearing Parent)
FDHP (Female Deaf-Hearing Parent)
FDDP (Female Deaf-Deaf Parent)

Results of the Study

The study produced interesting results. (See Table 3.) *Hypothesis 1*, that peers were a substantial source of information, was substantiated. Further analysis shows, however, that peers were more significant sources of information for the deaf than for the hearing sample. Further, peers were most significant for deaf subjects with deaf parents and next for deaf subjects with hearing parents.

Hypothesis 2 (reading as a source of information for hearing more than for deaf subjects) was not supported. The mean was equally high for all six groups and the factoral analysis found no significant difference among the groups.

Hypothesis 3 was supported, indicating that television and movies were more significant as sources of information for deaf individuals. Interestingly enough, the greatest significance was found for deaf subjects with hearing parents. Deaf subjects with deaf parents ranked television nearly as significant.

Only part of *Hypothesis 4* was supported. Teachers were shown to be of no significance for either population. Dorm counselors, however, were found to be significant for the deaf sample. Again, deaf subjects with deaf parents indicated that dorm counselors were most significant, with deaf children of hearing parents next.

Hypothesis 5 was partially supported, with both mothers and stepmothers being significant for deaf subjects with deaf parents. The significance of fathers as sources of information was sex related: Males ranked their fathers as more significant than did females. Interestingly, the deaf sample with deaf parents showed a higher mean for this hypothesis than the other groups.

Again, *Hypothesis 6* was not totally substantiated,

Table 3: Sources of Sex Information

	Mean Scores						Significance	
	MHHP	FHHP	MDHP	FDHP	MDDP	FDDP	Factor A	Factor B
Friends	3.172	3.174	3.250	3.593	3.636	3.417	N/S	P < .057
Dormitory Counselor	1.069	1.022	1.333	1.407	1.545	1.250	N/S	P < .001
Television	1.586	1.674	2.000	2.000	1.727	2.250	N/S	P < .013
Minister/Priest	1.586	1.130	2.000	1.074	1.727	1.167	N/S	P < .015
Father	1.793	1.543	1.750	1.519	2.273	1.750	N/S	P < .037
Movies	2.069	1.978	2.875	2.333	2.636	2.500	P < .032	P < .003
Brother	1.448	1.304	1.750	1.333	2.273	1.750	P < .008	P < .003
Mother	1.828	2.370	1.792	1.852	2.273	2.333	P < .028	P < .040
Stepmother	1.103	1.000	1.208	1.000	1.000	1.250	P < .092	Interactional

Note MHHP = Male Hearing-Hearing Parents
FHHP = Female Hearing-Hearing Parents
MDHP = Male Deaf-Hearing Parents
FDHP = Female Deaf-Hearing Parents
MDDP = Male Deaf-Deaf Parents
FDDP = Female Deaf-Deaf Parents

Factor A = Male; Female
Factor B = HHP; DHP; DDP

although the deaf subjects with deaf parents indicated that their mothers and stepmothers were most significant. Mothers were more significant for the hearing subjects with hearing parents than for deaf subjects with hearing parents. No significance was determined for fathers.

Ministers or priests were found to be more significant sources of sex information for males, deaf or hearing, than for females. Similarly, parental significance was also sex linked, with mothers more significant for their daughters and fathers for sons. Stepmothers were found to have an interactional effect, with males rating them as more significant than females did, and deaf subjects with deaf parents indicating stepmothers as most significant.

Beyond the Study

This modest research effort indicates a lack of current understanding about the sexual implications of deafness. One interesting result is to question the old belief that deaf children are better off with deaf parents, because they can communicate with each other. The study does not reflect such communication on important sexual matters.

In earlier research, the authors found that 66 percent of residential schools for the deaf report that they provide some sort of sex education. Sexual information from teachers, however, was shown to be of little significance for either hearing or deaf students. From the consumer viewpoint, what does that imply about sex education programs in the schools?

It is interesting that television and movies are significant sources of sexual information for deaf subjects. Deaf viewers report a preference for movies that are high in action and low in dialogue, but what quality of instruction can be imparted by such "silent" movies? A hearing woman married to a leading deaf professional reports that "stag" movies are often scheduled as part of meetings and conventions for the deaf. Are those the kinds of movies or programs the deaf study participants were referring to? The study did not differentiate among types of entertainment media.

It would be useful to conduct a similar survey with groups of students between the ages of 15 and 18 to compare the results with this survey of adults. Would reported sources of information for the younger sample be similar or different? It seems clear that an entire body of information is still to be unearthed about the sexual implications of deafness. Most important for educators of the hearing impaired are the questions of whether current programs of sex education are effective, and how they can be improved to fill gaps in the sexual knowledge and adjustment of young people.

—Max Fitz-Gerald, Della Reaves Fitz-Gerald

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Training for Parents: What Do They Need?

In October 1982, the Pre-College Programs Division of Gallaudet College was awarded a grant to develop "A Pregnancy Prevention Program for Deaf Adolescents, Hearing and Deaf Parents of Deaf Children, and Deaf Parents of Hearing Children." The grant was awarded by the Office of Adolescent Pregnancy Programs in the Department of Health and Human Services, under authority of Title XX of the Public Health Service Act, Adolescent Family Life Demonstration Projects.

Adolescent sexual activity and pregnancy clearly are critical national concerns, but unfortunately, there is little specific information on the sexual behavior of hearing impaired adolescents. Anecdotal evidence indicates that many deaf adolescents are sexually active, and many become pregnant. The medical, social, and economic repercussions of sexual activity and pregnancy may be more severe for adolescents who must also deal with the barriers to communication imposed by early profound deafness. Certainly that prospect presents a unique challenge to parents of deaf adolescents and to professionals involved in deafness.

The use of Title XX funding to address these issues is particularly appropriate because of its emphasis on promoting family involvement with adolescents' sexual concerns. The primary focus of the project designed by Pre-College Programs is to help both hearing and deaf parents, as the primary sex educators of their children, in the prevention of adolescent pregnancy.

The following statistics, gathered in 1979, reflect the scope of the problem.*

- Of the 21 million adolescents aged 15 to 19 in the United States, approximately 11 million are sexually active.
- More than 1,100,000 teenage girls become pregnant annually.
- More than half of the unmarried teenagers who give birth are 17 years of age or younger.
- Fully 80 percent of unmarried teenage mothers live with their parental families before, during, and after the birth.
- Adolescent pregnancy and childbirth carry a high risk of medical complications for the mothers, low birth weight and developmental disabilities for the babies, and high infant mortality and morbidity.
- Adolescent pregnancy and childbirth lessen the chance that the mother will compare high school and increase the incidence of divorce, unemployment, and dependency on welfare.

The Title XX legislation promotes the concept that family involvement can be significant in encouraging adolescents to postpone sexual activity. Providing parents with training to function well as primary sex educators of their children is seen as a key element in reversing the kinds of statistics cited above. Parents need to be able to communicate with their children on the values of abstinence and delay in sexual intercourse, self respect, and responsibility; and to convey information about puberty, peer pressure, and adolescent pregnancy. Effective family communication may give adolescents the tools they need to make appropriate decisions about their own sexual activity.

The Title XX legislation also promotes the concept of adoption as a positive option for unmarried pregnant adolescents who cannot care for their children.

Parental Involvement in Communication About Sexuality

Studies consistently reveal minimal communication about sexual issues between most parents and their children (Exner, 1915; Hughes, 1926; Libby, Aycock, Payne, 1974; Bennett and Dickerson, 1980). For most young people, peers are the most significant source of information, attitudes, and influence. Many children appear to be rearing each other in the areas of sexual information, attitudes, behaviors, and values. This may be particularly true of deaf children, who often have great difficulty communicating with their parents.

Research has indicated that parents in general want to talk with their teenagers about sexual values and feelings, but report feeling inadequate or uncomfortable with the subject (Roberts, 1978; Bennett and Dickerson, 1980). Feeligs of discomfort and inadequacy are compounded for hearing parents of deaf children who struggle with everyday interpersonal communication.

Approximately 90 percent of deaf children are

born to hearing parents. Although many hearing parents learn sign language early and become quite proficient, most still do not. Educational programs for deaf children typically use sign language as the primary vehicle for instruction and classroom communication, and therefore, most deaf children find the school environment more conducive to communication than their homes. As more parents learn to communicate with their hearing impaired children in sign language, that situation should improve.

A recent study of 75 deaf and 75 hearing adults found that the deaf adults viewed peers as more significant sources of information on sexuality than did the hearing adults, by a factor of three (Fitz-Gerald and Fitz-Gerald, 1977). It appears that sexual information, attitudes, and values are developed within the peer group of deaf children, especially for those who attend residential schools. This might be expected in view of the communication gap between most deaf children and their hearing parents. It is suggested that many deaf children learn language itself from other children, rather than from their parents. It is not surprising, therefore, that sexual information should be similarly transmitted.

Inevitably the communication stresses between hearing parents and deaf children will influence the quality and closeness of their relationship, and by extension, the frequency, kind, and quality of communication about sexuality. Deaf adolescents report that their parents do not communicate with them about sexuality. Many state that they do not know how their parents feel about adolescent intercourse, abstinence, pregnancy, or adoption.

Assessing Parent Needs

In the fall of 1982, the project staff began the development of an instrument to survey parents' perceptions of their own needs for information on sexuality. The survey was designed to collect data on parents' perceived needs and interests in several areas:

- Level of interest in parent training in sexuality.
- Types of training needed.
- Types of skill development needed.
- Types of information about sexuality needed.
- Degree of perceived importance of a variety of topics and related issues in sexuality.

The survey was developed for parents with deaf children enrolled in various day, residential, and mainstream school programs. The parents were asked to indicate the most important topics in communicating with their deaf children.

The sample of parents was drawn from 12 residential, day, and mainstream programs in the mid-Atlantic region. Copies of the survey were provided to the administrators of those programs, who had agreed to mail the forms to the parents of students enrolled in their programs, maintaining confidentiality. A total of 2128 copies of the survey were mailed to the parents.

Results of the Survey

The 464 parents who responded represent deaf children from preschool to 21 years of age. Of the surveys returned, 70 percent were completed by mothers, 13 percent by fathers, and 17 percent by mothers and fathers jointly; 66 percent of respondents expressed an interest in parent training focused on sexuality.

Parents who were not interested in participating in a training program were asked to provide reasons for their lack of interest. The most common reasons included:

- The child is either too young or too old.
- The parents already have the necessary information and skills.
- The parents live too far from the school for regular attendance at parent training.
- The parents' job commitments are too great.

Respondents were asked to identify the kinds of information, skills, and training they need to fulfill the role of primary sex educators for their children. Among the needs commonly expressed were the following:

- How to initiate communication about sexuality.
- How to explain sexual issues and handle sexual discussions.
- How to communicate values, feelings, and moral positions.
- How to be more comfortable, less embarrassed, and more confident in sexuality communication.
- How to learn what children think about sexual issues.
- How to be sure that teenage children understand their parents' values.
- A common vocabulary of sexual terms, with appropriate signs.
- Resources, literature, and visual materials.

The two needs that stood out most significantly in the parents' responses were the need for train-

ing in communication and language skills, and reliable information about sexuality and deafness. Some parents wrote to question the impact of deafness on sexual development and maturation. Many parents indicated that they felt unsure about how much communication their deaf children understood. Some expressed concern about their deaf children's slow development and naivete.

Respondents were asked to rate the importance of 16 topics on a scale of least to most important (Table 1). More than 75 percent of the respondents identified emotions, values, and feelings about sexuality as most important. Information on sexually transmitted diseases was rated most important by 69 percent of the subjects. Deafness and sexuality (64 percent) and sexual intercourse (51 percent) were ranked as third and fourth most important. Contraception (50 percent), sexual abuse (48 percent), and sex signs (42 percent) were also identified as important topics.

When respondents were asked to name other subjects they needed to discuss with their chil-

Table 1: Parents' Perceptions of the Importance of 16 Sexuality Topics

(N = 464)

	Least Important	Important	Most Important
Emotions, Values, Feelings	4%	20%	76%
Sexually Transmitted Diseases	8%	23%	69%
Deafness and Sexuality	11%	25%	64%
Sexual Intercourse	10%	39%	51%
Birth Control	13%	36%	51%
Sexual Abuse	16%	34%	50%
Sex Signs	17%	41%	42%
Childbirth	13%	48%	39%
Life Styles	24%	44%	32%
Female Anatomy	21%	49%	30%
Menstruation	33%	39%	28%
Sex and the Law	27%	46%	27%
Male Anatomy	26%	51%	23%
Homosexuality	38%	41%	21%
Masturbation	38%	45%	17%
Divorce	52%	36%	12%

dren, they identified the following:

- dating
- parenting
- abortion
- sexism
- infanticide
- marriage and family
- mixed marriage (racial, hearing)
- influence of sex magazines
- peer pressure
- friendship with members of the opposite sex
- parents' rights regarding pregnant minors
- senior citizens and sexuality
- public services available to deaf adolescents

Respondents were asked the amount of time they would be willing to devote to parent sexuality training. Forty percent indicated a total of one to three two-hour classes, while 37 percent opted for four to six two-hour classes (Table 2). Saturday was identified as the best time to schedule parent classes by 52 percent of respondents; evenings were preferred by 25 percent (Table 3).

Table 2: Number of Classes Parents Would Be Willing to Attend

(N = 464)

Number of two-hour classes	Percent
1-3	40%
4-6	38%
7-9	8%
10-12	14%

Table 3: Day of the Week Parents Preferred for Training

(N = 464)

Time	Percent
Saturday	51%
Evenings	25%
Weekdays	21%

Interpreting the Results

This survey was the first attempt to determine what parents think they need in order to provide basic sex education for their deaf children. The 22 percent return rate is a small but not unusual response to a single mailing. The spread of responses among the various types of programs, however, provides an adequate degree of representation.

The interest in parent classes was high, supporting the observation that parents are concerned about their ability to respond to their children's need for communication on sexuality. Studies among families of hearing children show that parents often feel uncomfortable and uncertain of how to respond to their children's expressed and unexpressed needs for sex information and guidance. The results of this survey confirm similar attitudes among parents of deaf children.

Despite the obvious interest, 40 percent of the parents indicated a preference for only two to six hours of training, a period too brief to address the stated needs. The eight to 12 hours indicated as preferable by 38 percent of respondents is a more realistic time period.

Other research indicates that mothers are more likely than fathers to discuss matters of sexuality with their children. Responses to this survey confirm that finding for families with deaf children. Some respondents expressed concern about the lack of participation among fathers in the sex education of their children. Single female parents often asked how to provide a balanced perspective without a husband in the home. The pattern of mother assuming full responsibility for communication on sexual issues denies deaf children both critical information and interaction with significant male role models.

Asked to identify the most important topics for communication, parents expressed concern about deaf children's development of family values and feelings, and the parents' ability to communicate them clearly. Many parents were fearful of the consequences of their teenagers contracting sexually transmitted diseases. Fear was also expressed about sexual abuse and the deaf child's ability to communicate effectively about it. A clear value for encouraging teenagers to delay intercourse was reflected by many parents. Parents also expressed concern about premarital sex and the consequences of pregnancy.

If parents are unsure about whether they are communicating their values clearly, it is easy to understand why deaf children and teenagers are equally unsure. Most children want to talk with their parents about sexuality. Helping parents communicate more effectively on these important issues is critical to the development of deaf children.

Building on the Survey

This survey can provide direction for professionals planning parent sexuality programs. Although it cannot replace individualized needs assessments, it does offer a representative sample of opinion to build on. With funding from OAPP, Pre-College Programs used the data to develop a parent sexuality training model program in the spring of 1983. The program was designed for a weekend retreat or a series of evening sessions, totalling 10 hours of instruction. The training objectives were drawn from the needs assessment as well as from parent and professional advisory panels, and included the following:

- To increase comfort with the topic of human sexuality by exploring the meanings of sex, sexuality, sex education, and the role of parents in family communication.
- To provide information about psychosexual development, deafness and sexuality, teenage sexuality, peer pressures, pregnancy, parenting, adoption, and available resources.
- To explore the development of moral standards, values, and basic decision-making skills with deaf children.
- To role play sex-related situations using the acquired knowledge and communication skills.
- To communicate about sexuality with selected signs, gestures, and visual material.

Parents were given opportunities to talk with each other, explore ways to handle critical situations, and clarify some of their own values around adolescent sexuality. They also received instruction in use of sexual signs, and information and resources to help them communicate with their deaf children.

Professionals who work with hearing impaired children need to be able to respond to the concerns and needs of parents. Those needs in the area of sexuality are sensitive and critical, and must be met if parents are to become effective primary sex educators of their children.

—Della Reaves Fitz-Gerald, Max Fitz-Gerald, David R. Updegraff, Ph.D.

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